

PETROLEUM BULK STORAGE APPLICATION

1. Enclose registration fee.
2. Make checks payable to: New York State Department of Environmental Conservation.
3. Return all four (4) copies of this application to the DEC Regional Office.

Facility Size and Fee
1,101-4,999—\$50/facility
5,000-10,000—\$150/facility,
10,001-399,999—\$250/facility

Please Type or Print Clearly and Complete All Items

SECTION A

See Instructions on Back

SECTION B

APPLICATION NUMBER <div style="font-size: 2em; font-weight: bold;">154459</div>		1. NAME OF FACILITY <div style="font-size: 1.2em; font-weight: bold;">ROTH BROS. SMELTING CORP.</div>		
TRANSACTION TYPE Check one		2. ADDRESS (Number and Street) <div style="font-size: 1.2em; font-weight: bold;">6223 THOMPSON RD</div>		
1 <input checked="" type="checkbox"/> Registration		3. CITY, TOWN, VILLAGE <div style="font-size: 1.2em; font-weight: bold;">EAST SYRACUSE</div>		4. STATE <div style="font-size: 1.2em; font-weight: bold;">NY</div>
2 <input type="checkbox"/> Transfer		5. ZIP CODE <div style="font-size: 1.2em; font-weight: bold;">13057</div>		7. TELEPHONE <div style="font-size: 1.2em; font-weight: bold;">(315) 463-9500</div>
3 <input type="checkbox"/> Substantial Facility Modification		6. COUNTY <div style="font-size: 1.2em; font-weight: bold;">ONONDAGA</div>		
4 <input type="checkbox"/> Information Correction		1. NAME OF OWNER <div style="font-size: 1.2em; font-weight: bold;">SAME</div>		
Existing PBS Number 		2. ADDRESS (Number and Street) 		
		3. CITY, TOWN, VILLAGE 		4. STATE
		5. ZIP CODE 		7. TELEPHONE <div style="font-size: 1.2em; font-weight: bold;">()</div>
OFFICIAL USE ONLY		1. NAME OF OPERATOR <div style="font-size: 1.2em; font-weight: bold;">SAME</div>		
PBS Number <div style="font-size: 1.5em; font-weight: bold;">437999</div>		2. ADDRESS (Number and Street) 		
Page <div style="font-size: 1.5em; font-weight: bold;">1</div> of <div style="font-size: 1.5em; font-weight: bold;">1</div>		3. CITY, TOWN, VILLAGE 		4. STATE
SWIS Code <div style="font-size: 1.5em; font-weight: bold;">310000</div>		5. ZIP CODE 		7. TELEPHONE <div style="font-size: 1.2em; font-weight: bold;">()</div>
Date Received <div style="font-size: 1.5em; font-weight: bold;">4/26/88</div>		1. NAME OF EMERGENCY CONTACT <div style="font-size: 1.2em; font-weight: bold;">NEAL SCHWARTZ</div>		
Amount Received <div style="font-size: 1.5em; font-weight: bold;">\$50.00</div>		2. ADDRESS (Number and Street) <div style="font-size: 1.2em; font-weight: bold;">210 KITTEL RD</div>		
Received By <div style="font-size: 1.2em; font-weight: bold;">A. Arago</div>		3. CITY, TOWN, VILLAGE <div style="font-size: 1.2em; font-weight: bold;">FAYETTEVILLE</div>		4. STATE <div style="font-size: 1.2em; font-weight: bold;">NY</div>
		5. ZIP CODE <div style="font-size: 1.2em; font-weight: bold;">13066</div>		7. TELEPHONE <div style="font-size: 1.2em; font-weight: bold;">(315) 446-8274</div>
I hereby affirm under penalty of perjury, that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.				
8 NAME/TITLE OF REPRESENTATIVE <div style="font-size: 1.2em; font-weight: bold;">NEAL SCHWARTZ</div> <div style="font-size: 1.2em; font-weight: bold;">GEN. MGR.</div>				
9 SIGNATURE <div style="font-size: 1.2em; font-weight: bold;">[Signature]</div>			DATE <div style="font-size: 1.2em; font-weight: bold;">4-22-88</div>	

[illegible]

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
PETROLEUM BULK STORAGE APPLICATION

REMINDER

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SECTION A

See Instructions on Back

SECTION B

APPLICATION NUMBER <div style="font-size: 2em; font-weight: bold;">146461</div>		1. NAME OF FACILITY ROTH BROS. SMELTING CORP.		
TRANSACTION TYPE Check one		2. ADDRESS (Number and Street) 6223 THOMPSON ROAD		
1 <input type="checkbox"/> Registration		3. CITY, TOWN, VILLAGE EA. SYRACUSE	4. STATE NY	5. ZIP CODE 13051
2 <input type="checkbox"/> Transfer		6. COUNTY ONON	7. TELEPHONE (315) 463-9500	
3 <input type="checkbox"/> Substantial Facility Modification		1. NAME OF OWNER SAME		
4 <input checked="" type="checkbox"/> Information Correction		2. ADDRESS (Number and Street)		
Existing PBS Number _____		3. CITY, TOWN, VILLAGE	4. STATE	5. ZIP CODE
		7. TELEPHONE ()		
OFFICIAL USE ONLY		1. NAME OF OPERATOR SAME		
PBS Number		2. ADDRESS (Number and Street)		
Page _____ of _____		3. CITY, TOWN, VILLAGE	4. STATE	5. ZIP CODE
SWIS Code		7. TELEPHONE ()		
Date Received		1. NAME OF EMERGENCY CONTACT NEAL SCHWARTZ		
Amount Received		2. ADDRESS (Number and Street) 210 KITTEL RD		
Received By		3. CITY, TOWN, VILLAGE FAYETTEVILLE	4. STATE NY	5. ZIP CODE 13066
		7. TELEPHONE (315) 446-8274		
I hereby affirm under penalty of perjury, that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.				
8 NAME/TITLE OF REPRESENTATIVE <div style="display: flex; justify-content: space-between;"> <div> NEAL SCHWARTZ </div> <div> GEN. MGR. </div> </div>				
9 SIGNATURE 			DATE 7- -88	

[illegible]

PETROLEUM BULK STORAGE APPLICATION

REMINDER

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5,000-10,000—\$150/facility,
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Please Type or Print Clearly and Complete All Items

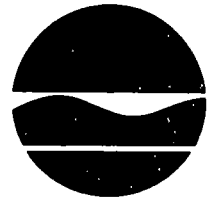
SECTION A

See Instructions on Back

SECTION B

[illegible]

New York State Department of Environmental Conservation
50 Wolf Road, Albany, New York 12233



Thomas C. Jorling
Commissioner

March 16, 1988

ROTH BROS SMELTING CORP
6223 THOMPSON RD/PO BOX 639
EAST SYRACUSE, NY 13057

Dear Facility Owner:

NYS law requires the registration of petroleum bulk storage facilities with a total facility capacity exceeding 1,100 gallons. Our records indicate that you are required to register but have not yet done so. Enclosed is a Petroleum Bulk Storage (PBS) application form with which you may register your facility.

Please check the appropriate box and return this letter to the address indicated below within 30 days. Failure to register may result in a fine of up to \$10,000 per day.

Facility concerned: ROTH BROS SMELTING CORP
6223 THOMPSON RD/PO BOX 639
EAST SYRACUSE, NY 13057

Sincerely,

Data Systems Section
Bureau of Information
and Bulk Storage

- ☒ 1) Completed application and fee enclosed.
- ☐ 2) This facility has already registered. The PBS # is _____.
- ☐ 3) This facility has 1100 gals. or less of petroleum storage capacity.
- ☐ 4) This facility has no petroleum storage tanks.
- ☐ 5) Other (please comment) _____

* Return to: New York State Department of Environmental Conservation
7481 Henry Clay Blvd.
Liverpool, NY 13088
(315) 428-4497

APR 26

437999



ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 EASY LINK: 910 380-6093

July 12, 1988

Mr. Tom Gragg
New York State Dept.
of Environmental Conservation
50 Wolf Road
Albany, New York 12233

Re: Application #154459

Dear Mr. Gragg:

The attached Petroleum Bulk Storage Application is submitted in accordance with the instructions and note received from you. The check attached is for the net difference in application fees.

Very truly yours,

ROTH BROS. SMELTING CORP.


NEAL SCHWARTZ
General Manager

JUL 19

dp
ATT

Enc. \$100 Check
App #146461



NOTICE REGARDING APPLICATION FOR PETROLEUM BULK STORAGE REGISTRATION

TO: NEAL SCHWARTZ		
NAME OF OWNER ROTH BROS. SMELTING CORP.		
ADDRESS (Number and Street) 6223 THOMPSON RD.		
CITY, TOWN, VILLAGE E. SYRACUSE	STATE NY	ZIP CODE 13057
FOR:		
NAME OF FACILITY ROTH BROS. SMELTING CORP.		
ADDRESS (Number and Street) 6223 THOMPSON RD.		
CITY, TOWN, VILLAGE E. SYRACUSE	STATE NY	ZIP CODE 13057
APPLICATION NUMBER 154459	Please refer to this number in all your correspondence until a permanent Petroleum Bulk Storage Facility number is assigned.	

☐ Your application for registration is incomplete. Please submit the following information by:

☐ You failed to include with your application, the correct amount of the required fee. Please submit a check or money order in the amount of \$_____ payable to the Department of Environmental Conservation.

☒ Missing or out of range information noted below.

ITEM	REASON	
	Data Missing	Code Out of Range
PBS Number, if transfer		
Facility Information		
Owner Name and Address		
Operator Name and Address		
Emergency Contact Information		
Signature of Owner or Owner's Representative		
Action		
Tank Number		
Tank Location		
Tank Capacity	✓	
Tank Type		
Product Stored		
Status		
Date Tank Installed at this Location		

☐ Your application for this registration is not required. Your application and fee are being returned.

☐ The total capacity of your facility is 1,100 gallons or less.

☐ The total capacity of your facility is 400,000 gallons or more.

☒

FOR FURTHER INFORMATION, CONTACT THIS OFFICE. TANK TEST RESULTS SHOW TANK #2 AS A 2000 GAL TANK NOT A 1000 GAL TANK. IF THIS IS THE CASE YOUR FACILITY SIZE WOULD BE 3000 GAL. THE REQUIRED FEE FOR A FACILITY OF THIS SIZE IS \$150. SINCE YOU ALREADY PAID \$50 THE BALANCE DUE NYSEDCE IS \$100. IF YOU HAVE ANY QUESTIONS FEEL FREE TO CALL ME AT (516) 476-3249. TOM GRAGG

DEPARTMENT COPY



ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 EASY LINK: 910 380-6093

June 2, 1989

Mr. Tom Gragg
New York State Department
of Environmental Conservation
50 Wolf Road
Albany, New York 12233

RE: PBS PERMIT 437999

Dear Mr. Gragg:

Pursuant to a recent audit of one facility, we found our Petroleum Bulk Storage Permit to be in error.

We did not register all tanks, only those below ground. Please find our Corrected Application attached for the purpose of information modification only.

Please be advised that the capacity of tank 002 has also been corrected per this submission.

Sincerely,

Neal Schwartz
General Manager

JUN 13 1989

Enclosures

/amb

LTR.GRAGG

SYRACUSE, NY 13204

(315) 428-7511

PETROLEUM BULK STORAGE REGISTRATION CERTIFICATE



TANK NUMBER	TESTING DUE DATE	DATE LAST TESTED	TANK TYPE	CAPACITY	DATE INSTALLED
001			HAZ. STEEL	12000	12/78
002	05/93	03/10/95	HAZ. STEEL	12000	12/78
003	12/98		HAZ. STEEL	12000	12/78
004	*		HAZ. STEEL	115000	12/78
005	*		HAZ. STEEL	115000	12/78
006	*		HAZ. STEEL	115	06/73
007	*		HAZ. STEEL	115	01/73

FEE PAID _____

* Aboveground tanks require monthly visual inspections and documented internal inspections every ten years as described in 6 NYCRR Part 613.

As authorized representative of the above named facility, I affirm under penalty of perjury that the information displayed on this form is correct to the best of my knowledge. Additionally, I recognize that I am responsible for assuring that this facility is in compliance with all sections of 6 NYCRR Parts 612, 613 and 614, not just those cited below:

- The facility must be reregistered if there is a transfer of ownership.
- The Department must be notified within 30 days prior to adding, replacing, reconditioning, or permanently closing a stationary tank.
- The facility must be operated in accordance with the Code for Storing Petroleum, 6 NYCRR Part 613.
- Any new facility or substantially modified facility must comply with the Code for New and Substantially Modified Facilities, 6 NYCRR Part 614.
- **This certificate must be displayed on the premises at all times.**

ISSUED BY: COMMISSIONER THOMAS C. JORLING		OPERATOR ROTH IRON. SMELTING CORP. 6223 THOMPSON RD. E. SYRACUSE NY	
PETROLEUM BULK STORAGE ID NUMBER 437990		13057	
DATE ISSUED 05/23/93	EXPIRATION DATE 05/19/93		
FACILITY ROTH IRON. SMELTING CORP. 6223 THOMPSON RD. E. SYRACUSE NY		OWNER ROTH IRON. SMELTING CORP. 6223 THOMPSON RD. E. SYRACUSE NY	
13057		13057	
		EMERGENCY CONTACT NEAL SCHWARTZ 6223 THOMPSON RD EAST SYRACUSE NY 13207 (315) 465-9201	

Signature of Representative/Owner _____ Date _____

PETROLEUM BULK STORAGE REGISTRATION CERTIFICATE



LIVERPOOL, NY 113088

(315) 428-4514

TANK NUMBER	TESTING DUE DATE	DATE LAST TESTED	TANK TYPE	CAPACITY	DATE INSTALLED	FEE PAID
001			BARE STEEL	1,000	06/77	50
002			BARE STEEL	1,000	12/78	
003	12/96		BARE STEEL	2,000	12/86	

* Aboveground tanks require monthly visual inspections and documented internal inspections every ten years as described in 6 NYCRR Part 613.

As authorized representative of the above named facility, I affirm under penalty of perjury that the information displayed on this form is correct to the best of my knowledge. Additionally, I recognize that I am responsible for assuring that this facility is in compliance with all sections of 6 NYCRR Parts 612, 613 and 614, not just those cited below:

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- This certificate must be displayed on the premises at all times.

Signature of Representative/Owner

Date

ISSUED BY: COMMISSIONER THOMAS G. JORLING		OPERATOR ROTH BROS. SMELTING CORP. 6223 THOMPSON RD. E. SYRACUSE NY	
PETROLEUM BULK STORAGE ID NUMBER 437999		13057	
DATE ISSUED 05/19/88	EXPIRATION DATE 05/19/93		
FACILITY ROTH BROS. SMELTING CORP. 6223 THOMPSON RD. E. SYRACUSE NY		OWNER ROTH BROS. SMELTING CORP. 6223 THOMPSON RD. E. SYRACUSE NY	
13057		13057	
EMERGENCY CONTACT NEAL SCHWARTZ 210 KITTELL RD. FAYETTEVILLE NY 13066 (315) 446-8274			

DEPARTMENT COPY

FOIL200048



New York State Department of Environmental Conservation

NANCY

SPILL NAME Roth Bros.SPILL NO. 93 03186SPILL DATE 5/11/93 TIME 11:00NOTIFIER'S NAME: Rick Emmons

PBS NO. (All Tank Leaks) _____

NOTIFIER'S AGENCY: Action NewsC.O. DATE 6/4/93 TIME 10:36NOTIFIER'S PHONE: 455-1625R.O. DATE 5/11/93 TIME 14:00

CALLER'S NAME: _____

ANS. SEV. _____ TIME _____

CALLER'S AGENCY: _____

CALLER'S PHONE NO.: _____

FIRST CALL A C R

SPILL CAUSE

PETROLEUM SPILLED

☒ Gasoline 5-Diesel 9-PCB Oil
 2-#2 Fuel 6-Jet Fuel 10-Kerosen
 3-#4 Fuel 7-Waste Oil 11-Unknown
 4-#6 Fuel 8-Non PCB Oil 0-Nonpetr.

1-Human Error 7-Deliberate
 2-Traffic Accident 8-Aband. Drums
☒ 3-Equip. Failure ☒ 9-Tk. Failure
 4-Vandalism 10-Tk. Overfill
 5-Tk. Test Failure 11-Other
 6-Housekeeping 12-Unknown

CLASS OF MATERIAL

☒ Petroleum 4-Raw Sewage
 2-Non Petro/Non Hazard 5-Unknown
 3-Hazardous Material

SPILL SOURCE

☒ 1-Comm/Indust. 7-Comm Vehicle
 2-Non Comm/Inst. 8-Tank Truck
 3-Maj Fac 400,000 9-Pvt. Dwg.
 4-PBC Fac 1100 10-Vessel
 5-Gas Station 11-R.R. Car
 6-Pass. Vehicle 12-Unknown

OTHER MATERIAL _____

UNITS OF AMOUNT: Gallons PoundsAMOUNT SPILLED unkSPILL LOCATION -Roth Bros. Smelting Corp.

AFFECTED WATER BODY _____

-Garage - Location

☒ 1-On Land 4-Surface Wtr
 2-In Sewer 5-Air
☒ 3-Groundwater

MUNICIPALITY East Syracuse

DRAIN BASIN/SUB BASIN _____

COUNTY Onondaga

NOTIFIER

NAME OF SPILLER Roth Brothers Smelting

1-Resp. Party 7-Citizen
 2-Affect. Person 8-Health Dept
 3-Police Dept. 9-Local Agcy
 4-Fire Dept. 10-Fed Gov't.
 5-Tank Tester ☒ 11-Other (see
 6-DEC remarks)

STREET ADDRESS 6223 Thompson Rd.CITY, STATE, ZIP East Syracuse

PHONE NUMBER _____

☒ YES ☒ NO UST TRUST PROJECT
 ug tank w/gas
 diesel or jet fuel

REMARKS _____

PBS

7-437999

Roth Brothers - Thompson - Road

2000 gal - GAS tank

- ?

1978

9/25/92

- little water in the tank

2

Pressure test - tested tight - Clemmets tester.

1" water -

dip tanks - empty dry

Cracked Fitting

H & A - Peggy
unleaded - GAS

~ 3 1/2 trucks - Cords

= ~ 20 yds of contained soil
- staged on site

- existing

See! Psycho -

Weedspat - testy Procedure

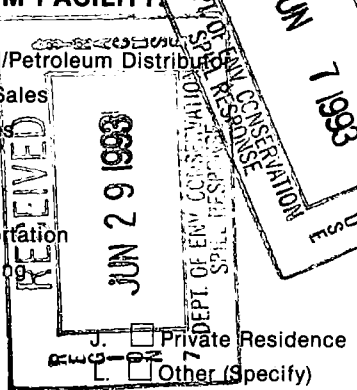
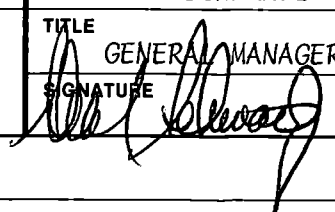
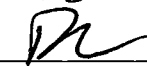
TCLP - W/ Flash

~~EP 702~~

**PETROLEUM BULK STORAGE APPLICATION**Pursuant to the Petroleum Bulk Storage Law,
Article 17, Title 10 of ECL; and 6 NYCRR 612-614.NYS DEC - REGION 7
615 ERIE BLVD. W.
SYRACUSE, NY 13204
(315) 426-7519Please Type or Print Clearly
and Complete All Items

(Continued on Reverse Side—Please Be Sure to Complete Section B)

SECTION A—See Instructions on Cover Sheet

PBS NUMBER 7-437999 Indicate Other Existing DEC Numbers, if any, for this Facility: CBS Number: 7-000057 SPDES Number: 0-110311	FACILITY	NAME ROTH BROS. SMELTING CORP.		TYPE OF PETROLEUM FACILITY (Check all that apply)		
		LOCATION (Not P.O. Boxes) 6223 THOMPSON RD.		A. <input type="checkbox"/> Storage Terminal/Petroleum Distribution B. <input type="checkbox"/> Retail Gasoline Sales C. <input type="checkbox"/> Other Retail Sales D. <input checked="" type="checkbox"/> Manufacturing E. <input type="checkbox"/> Utility F. <input type="checkbox"/> Trucking/Transportation G. <input type="checkbox"/> Apartment Building H. <input type="checkbox"/> School I. <input type="checkbox"/> Farm K. <input type="checkbox"/> Airline (Air Taxi)		
		LOCATION (Continued)		J. <input type="checkbox"/> Private Residence L. <input type="checkbox"/> Other (Specify)		
		CITY/TOWN/VILLAGE E. SYRACUSE	STATE NY	ZIP CODE 13057		
TRANSACTION TYPE (Check all that apply) NOTE: Transaction Types 1, 2 and 5 require a fee. 1. <input type="checkbox"/> Initial/ New Facility 2. <input type="checkbox"/> Change of Ownership 3. <input checked="" type="checkbox"/> Substantial Tank Modification 4. <input checked="" type="checkbox"/> Information Correction 5. <input type="checkbox"/> Renewal	OWNER	COUNTY ONONDAGA	TOWNSHIP OR CITY ***** UNKNOWN *****	I hereby certify under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.		
		NAME OF OPERATOR AT FACILITY ROTH BROS. SMEL		FACILITY TELEPHONE NUMBER 315 463-9500		
		EMERGENCY CONTACT NAME NEAL SCHWARTZ		EMERGENCY CONTACT PHONE NO. 315 463-9500		
		NAME ROTH BROS. SMELTING CORP.		ADDRESS (Street and/or P.O. Box) 6223 THOMPSON RD.		
Geographical Locator for this Facility: (if known) LATITUDE: 42 57 00 DEG MIN SEC LONGITUDE: 76 04 00 DEG MIN SEC	CORRESPONDENCE MAILING	CITY E. SYRACUSE	STATE NY	ZIP CODE 13057	NAME OF OWNER OR AUTHORIZED REPRESENTATIVE NEAL SCHWARTZ	
		FEDERAL TAX ID NO.		OWNER TELEPHONE NUMBER 315 463-9500		AMOUNT ENCLOSED \$250.00
		TYPE OF OWNER (Check only one) 1 <input type="checkbox"/> Private Resident 2 <input type="checkbox"/> State Government 3 <input type="checkbox"/> Local Government 4 <input type="checkbox"/> Federal Government 5 <input checked="" type="checkbox"/> Corporate/Commercial		TITLE GENERAL MANAGER		
		ATTENTION		SIGNATURE 		
Geographical Locator for this Facility: (if known) LATITUDE: 42 57 00 DEG MIN SEC LONGITUDE: 76 04 00 DEG MIN SEC	CORRESPONDENCE MAILING	NAME OF COMPANY ROTH BROS. SMELTING CORP.		DATE 6/01/93		
		ADDRESS 6223 THOMPSON RD.		OFFICIAL USE ONLY		
		ADDRESS		Page _____ of _____		
		CITY/STATE/ZIP CODE E. SYRACUSE, NY 13057		Date Received: 6.29.93 Date Processed: 7.23.93 Amount Received \$ 250 Reviewed By: 		
TELEPHONE NUMBER 315 463-9500				FOIL 200051		

Tank Information for Petroleum Bulk Storage Facility

EXPIRATION DATE: 05/19/93

SECTION B—See Instructions on Cover Sheet

Page 1 of 1

Action	Tank Number	Tank Location	Status	Installation or Permanent Closure Date				Capacity (Gallons)	Product Stored	Tank Type	Tank Internal Prot.	Tank External Protection		Piping Location	Piping Type	Piping Internal Prot.	Piping External Protection	Secondary Containment	Leak Detection	Spill/Overfill Prevention		Dispenser	Last Test Date (underground Tanks)			
				(MO)		(YR)																	(MO)		(YR)	
4	001	4	1	0	6	8	6	1,000	2	1					1			0	9			2	0	7	9	3
1	001	4	1	0	6	8	6	1,000	1	1					1			0	9			2				
3	002	4	3	0	5	9	3	2,000	2	1					1			0	9			2	0	7	9	3
1	002	4	1	1	2	7	8	2,000	2	1					1			0	9			2	0	5	8	8
1	003	4	1	1	2	8	6	2,000	6	1					1			0	9			2	0	7	9	3
1	004	1	1	1	0	7	3	15,000	3	1					1				9			3				
1	005	1	1	1	0	7	3	15,000	3	1					1				9			3				
1	006	1	1	0	6	7	0	275	9	1					1			0	9			3				
1	007	1	1	0	6	7	0	275	9	1					1			0	9			3				

KEY FOR SECTION B

ACTION

- 1 Initial Listing
- 2 Add Tank
- 3 Close/Remove Tank
- 4 Information Correction
- 5 Recondition/Repair/Reline Tank

TANK LOCATION

- 1 Aboveground
- 2 Aboveground on saddles, legs, stilts, rack, or cradle
- 3 Aboveground: 10% or more below ground
- 4 Underground
- 5 Underground, vaulted, with access

STATUS

- 1 In-service
- 2 Temporarily out-of-service
- 3 Closed—Removed
- 4 Closed—In Place
- 5 Tank Converted to Non-Regulated Use

PRODUCT STORED

- 0 Empty
- 1 Leaded Gasoline
- 2 Unleaded Gasoline
- 3 Nos. 1, 2, or 4 Fuel Oil
- 4 Nos. 5 or 6 Fuel Oil
- 5 Kerosene
- 6 Diesel
- A Lube Oil
- 9 Other*

TANK TYPE

- 1 Steel/Carbon Steel
- 2 Stainless Steel Alloy
- 3 Concrete
- 4 Fiberglass Coated Steel
- 5 Fiberglass Reinforced Plastic (FRP)
- 6 Equivalent Technology
- 9 Other*

PIPING TYPE

- 0 None
- 1 Steel/Iron
- 2 Galvanized Steel
- 3 Fiberglass (FRP)
- 4 Copper
- 9 Other*

INTERNAL PROTECTION: Tank/Piping

- 0 None
- 1 Epoxy Liner
- 2 Rubber Liner
- 3 Fiberglass Liner (FRP)
- 4 Glass Liner
- 9 Other*

EXTERNAL PROTECTION: Tank/Piping

- 0 None
- 1 Painted/Asphalt Coating
- 2 Sacrificial Anode
- 3 Impressed Current
- 4 Fiberglass
- 5 Jacketed
- 6 Wrapped (Piping)
- 9 Other*

PIPING LOCATION

- 0 None
- 1 Aboveground
- 2 Underground
- 3 Aboveground/Underground Combination

SECONDARY CONTAINMENT

- 0 None
- 1 Vault
- 2 Double-Walled Tank
- 3 Excavation Liner
- 4 Cut-off Walls
- 5 Impervious Underlayment
- 6 Earthen Dike
- 7 Prefabricated Steel Dike
- 8 Concrete Dike
- A Synthetic Liner
- B Natural Liner
- 9 Other*

LEAK DETECTION

- 0 None
- 1 Interstitial Monitoring
- 2 Vapor Well
- 3 Groundwater Well
- 4 In-tank System
- 5 Concrete Pad w/channels
- 6 Double Bottom
- 9 Other*

SPILL/OVERFILL PREVENTION

- 0 None
- 1 Float Vent Valve
- 2 High Level Alarm
- 3 Automatic Shut-off
- 4 Product Level Gauge
- 5 Catch Basin
- 6 Vent Whistle
- 9 Other*

DISPENSER

- 1 Submersible
- 2 Suction
- 3 Gravity

* If Other, please list on separate sheet including the Tank Number

FOIL200052

NOTICE REGARDING APPLICATION FOR PETROLEUM BULK STORAGE REGISTRATION

Dear Facility Owner:

Check reissued — attached ✓
Your Petroleum Bulk Storage registration/renewal application and fee are being returned to you. Your application cannot be processed for the following reason(s):

☒ Your fee of \$ 600.00 ~~was not enclosed~~ is incorrect. Your fee should be \$ 250.00 ^{OK}, based on registering 6 tanks with combining capacity of 33,550 gallons.

Please make a check or money order for the correct amount, payable to the Department of Environmental Conservation and return with your application.

☐ The information checked below is missing or incomplete:

SECTION A	Missing if Checked	SECTION B	Missing if checked
PBS Number		Action	
Facility Information		Tank Number	
		Tank Location	
		Status	
Owner Information		Date Tank Installed/Closed	
FEDERAL TAX ID #	✓	Tank Capacity	
		Product Stored	
Mailing Corr. Info.		Tank Type	
		Other	
Other Information			

Please complete your application and return with your check or money order

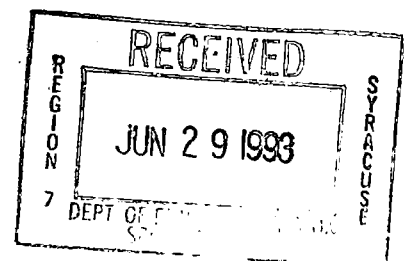
- ☐ Your application for this registration is not required because:
- ☐ The total capacity of your facility is 1,100 gallons or less.
 - ☐ The total capacity of your facility is 400,000 gallons or more.
- ☐ Other

Please make the necessary changes and return your corrected application and check within 10 days to:

NYS DEC
615 Erie Boulevard West
Syracuse, NY 13204-2400
(315) 426-7400

Thank you for your cooperation.

Dan LaSalle





PETROLEUM BULK STORAGE REGISTRATION CERTIFICATE

NYS DEC - REGION 7
615 ERIE BLVD. W.
SYRACUSE, NY 13204
(315) 426-7519

Page 1 of 1

TANK NUMBER	DATE INSTALLED	TANK TYPE	CAPACITY (GALLONS)	DATE LAST TESTED	TESTING DUE DATE	OWNER	
001	06/86	Steel/Carbon Steel	1,000			ROTH BROS. SMELTING CORP. 6223 THOMPSON RD. E. SYRACUSE, NY 13057	
003	12/86	Steel/Carbon Steel	2,000		12/96		
004	10/73	Steel/Carbon Steel	15,000		*1	SITE	
005	10/73	Steel/Carbon Steel	15,000		*1	ROTH BROS. SMELTING CORP. 6223 THOMPSON RD. E. SYRACUSE, NY 13057	
006	06/70	Steel/Carbon Steel	275		*1		
007	06/70	Steel/Carbon Steel	275		*1		
<p style="text-align: center; font-size: 2em; transform: rotate(-15deg); opacity: 0.5;">FILE COPY</p>						OPERATOR (Name and Telephone Number)	
						ROTH BROS. SMELTING CORP. (315) 463-9500	
						EMERGENCY CONTACT (Name and Telephone Number)	
						NEAL SCHWARTZ (315) 463-9500	
<p>*1 - Aboveground tanks require monthly visual inspections and documented internal inspections as described in 6 NYCRR Pt. 613.</p>						<p>As an authorized representative of the above named facility, I affirm under penalty of perjury that the information displayed on this form is correct to the best of my knowledge. Additionally, I recognize that I am responsible for assuring that this facility is in compliance with all sections of 6 NYCRR Parts 612, 613 and 614, not just those cited below:</p> <ul style="list-style-type: none"> • The facility must be re-registered if there is a transfer of ownership. • The Department must be notified within 30 days prior to adding, replacing, reconditioning, or permanently closing a stationary tank. • The facility must be operated in accordance with the code for storing petroleum, 6 NYCRR Part 613. • Any new facility or substantially modified facility must comply with the code for new and substantially modified facilities, 6 NYCRR Part 614. • This certificate must be posted on the premises at all times. Posting must be at the tank, at the entrance of the facility, or the main office where the storage tanks are located. • Any person with knowledge of a spill, leak or discharge must report the incident to DEC within two hours (1-800-457-7362). 	
ISSUED BY:		MAILING CORRESPONDENCE				Signature of Authorized Representative/Owner	
Commissioner Thomas C. Jorling						ROTH BROS. SMELTING CORP. 6223 THOMPSON RD. E. SYRACUSE, NY 13057	Date
PETROLEUM BULK STORAGE ID NUMBER							Name of Authorized Representative/Owner (Please Print)
7-437999							
DATE ISSUED		EXPIRATION DATE		Title			
07/23/93		05/19/98					
FEE PAID							
\$ 250							

THIS REGISTRATION CERTIFICATE IS NON-TRANSFERABLE

FOIL200054



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF WATER • BUREAU OF SPILL PREVENTION AND RESPONSE

PETROLEUM BULK STORAGE APPLICATION

Pursuant to the Petroleum Bulk Storage Law,
Article 17, Title 10 of ECL; and 6 NYCRR 612-614.

* Addendum to original application
dated 6/1/93

Please Type or Print Clearly
and Complete All Items

(Continued on Reverse Side—Please Be Sure to Complete Section B)

SECTION A—See Instructions on Cover Sheet

PBS NUMBER 7-437999 Indicate Other Existing DEC Numbers, if any, for this Facility: CBS Number: 7-000057 SPDES Number: 0-110311	FACILITY NAME Roth Bros. Smelting Corp. LOCATION (Not P.O. Boxes) 6223 Thompson Road LOCATION (Continued) CITY/TOWN/VILLAGE East Syracuse STATE NY ZIP CODE 13057 COUNTY Onondaga TOWNSHIP OR CITY NAME OF OPERATOR AT FACILITY Roth Bros Smelting FACILITY TELEPHONE NUMBER (315) 463-9500 EMERGENCY CONTACT NAME Neal Schwartz EMERGENCY CONTACT PHONE NO. (315) 463-9500	TYPE OF PETROLEUM FACILITY: (Check all that apply) A. <input type="checkbox"/> Storage Terminal/Petroleum Distributor B. <input type="checkbox"/> Retail Gasoline Sales C. <input type="checkbox"/> Other Retail Sales D. <input checked="" type="checkbox"/> Manufacturing E. <input type="checkbox"/> Utility F. <input type="checkbox"/> Trucking/Transportation G. <input type="checkbox"/> Apartment Building H. <input type="checkbox"/> School I. <input type="checkbox"/> Farm J. <input type="checkbox"/> Private Residence K. <input type="checkbox"/> Airline (Air Taxi) L. <input type="checkbox"/> Other (Specify)
TRANSACTION TYPE (Check all that apply) NOTE: Transaction Types 1, 2 and 5 require a fee. 1. <input checked="" type="checkbox"/> Initial/New Facility 2. <input type="checkbox"/> Change of Ownership 3. <input checked="" type="checkbox"/> Substantial Tank Modification 4. <input type="checkbox"/> Information Correction 5. <input type="checkbox"/> Renewal	OWNER NAME Roth Bros. Smelting Corp. ADDRESS (Street and/or P.O. Box) 6223 Thompson Road CITY East Syracuse STATE NY ZIP CODE 13057 FEDERAL TAX ID NO. OWNER TELEPHONE NUMBER (315) 463-9500 TYPE OF OWNER (Check only one) 1 <input type="checkbox"/> Private Resident 2 <input type="checkbox"/> State Government 3 <input type="checkbox"/> Local Government 4 <input type="checkbox"/> Federal Government 5 <input checked="" type="checkbox"/> Corporate/Commercial	I hereby certify under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law. NAME OF OWNER OR AUTHORIZED REPRESENTATIVE Neal Schwartz AMOUNT ENCLOSED \$ 0 TITLE General Manager SIGNATURE DATE 8/10/94
Geographical Locator for this Facility: (If known) LATITUDE: 4 2 5 7 0 0 DEG MIN SEC LONGITUDE: 7 6 0 4 0 0 DEG MIN SEC	CORRESPONDENCE MAILING ATTENTION NAME OF COMPANY Roth Bros. Smelting Corp. ADDRESS 6223 Thompson Road ADDRESS CITY/STATE/ZIP CODE East Syracuse, NY 13057 TELEPHONE NUMBER (315) 463-9500	OFFICIAL USE ONLY Page _____ of _____ Date Received: 8/18/94 Date Processed: 8/22/94 Amount Received: \$ _____ Reviewed By:



DEPT. OF ENV. CONSERVATION
BUREAU OF SPILL PREVENTION AND RESPONSE

8/10/94

7-437999

SECTION B—See Instructions on Cover Sheet

Page ____ of ____

KEY FOR SECTION B		STATUS	TANK TYPE	INTERNAL PROTECTION: Tank/Piping	SECONDARY CONTAINMENT	SPILL/OVERFILL PREVENTION
ACTION		1 In-service	1 Steel/Carbon Steel	0 None	0 None	0 None
1 Initial Listing		2 Temporarily out-of-service	2 Stainless Steel Alloy	1 Epoxy Liner	1 Vault	1 Float Vent Valve
2 Add Tank		3 Closed—Removed	3 Concrete	2 Rubber Liner	2 Double-Walled Tank	2 High Level Alarm
3 Close/Remove Tank		4 Closed—In Place	4 Fiberglass Coated Steel	3 Fiberglass Liner (FRP)	3 Excavation Liner	3 Automatic Shut-off
4 Information Correction		5 Tank Converted to Non-Regulated Use	5 Fiberglass Reinforced Plastic (FRP)	4 Glass Liner	4 Cut-off Walls	4 Product Level Gauge
5 Recondition/Repair/Reline Tank			6 Equivalent Technology	9 Other*	5 Impervious Underlayment	5 Catch Basin
TANK LOCATION	PRODUCT STORED		9 Other*	EXTERNAL PROTECTION: Tank/Piping	6 Earthen Dike	6 Vent Whistle
1 Aboveground	0 Empty	PIPING TYPE	0 None	0 None	7 Prefabricated Steel Dike	9 Other*
2 Aboveground on saddles, legs, stilts, rack, or cradle	1 Leaded Gasoline	0 None	1 Painted/Asphalt Coating	1 Painted/Asphalt Coating	8 Concrete Dike	DISPENSER
3 Aboveground: 10% or more below ground	2 Unleaded Gasoline	1 Steel/Iron	2 Sacrificial Anode	2 Sacrificial Anode	A Synthetic Liner	1 Submersible
4 Underground	3 Nos. 1, 2, or 4 Fuel Oil	2 Galvanized Steel	3 Impressed Current	3 Impressed Current	B Natural Liner	2 Suction
5 Underground, vaulted, with access	4 Nos. 5 or 6 Fuel Oil	3 Fiberglass (FRP)	4 Fiberglass	4 Fiberglass	9 Other*	3 Gravity
	5 Kerosene	4 Copper	5 Jacketed	5 Jacketed	LEAK DETECTION	
	6 Diesel	9 Other*	6 Wrapped (Piping)	6 Wrapped (Piping)	0 None	
	A Lube Oil		9 Other*	9 Other*	1 Interstitial Monitoring	
	9 Other*		PIPING LOCATION	PIPING LOCATION	2 Vapor Well	
			0 None	0 None	3 Groundwater Well	
			1 Aboveground	1 Aboveground	4 In-tank System	
			2 Underground	2 Underground	5 Concrete Pad w/channels	FOIL200056
			3 Aboveground/Underground Combination	3 Aboveground/Underground Combination	6 Double Bottom	
					9 Other*	

* If Other, please list on separate sheet including the Tank Number



PETROLEUM BULK STORAGE REGISTRATION CERTIFICATE

NYS DEC - REGION 7
615 ERIE BLVD. W.
SYRACUSE, NY 13204
(315) 426-7519



Page 1 of 1

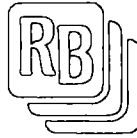
TANK NUMBER	DATE INSTALLED	TANK TYPE	CAPACITY (GALLONS)	DATE LAST TESTED	TESTING DUE DATE	OWNER
001	06/86	Steel/Carbon Steel	1,000			ROTH BROS. SMELTING CORP. 6223 THOMPSON RD. EAST SYRACUSE, NY 13057
003	12/86	Steel/Carbon Steel	2,000		12/96	SITE
004	10/73	Steel/Carbon Steel	15,000			*1 ROTH BROS. SMELTING CORP. 6223 THOMPSON RD. EAST SYRACUSE, NY 13057
005	10/73	Steel/Carbon Steel	15,000			*1
006	06/70	Steel/Carbon Steel	275			*1
007	06/70	Steel/Carbon Steel	275			*1
008	01/85	Steel/Carbon Steel	275			*1
009	07/93	Steel/Carbon Steel	500			*1 OPERATOR (Name and Telephone Number)
010	01/85	Steel/Carbon Steel	275			*1 ROTH BROS. SMELTING CORP. (315) 463-9500
						EMERGENCY CONTACT (Name and Telephone Number)
						NEAL SCHWARTZ (315) 463-9500
						As an authorized representative of the above named facility, I affirm under penalty of perjury that the information displayed on this form is correct to the best of my knowledge. Additionally, I recognize that I am responsible for assuring that this facility is in compliance with all sections of 6 NYCRR Parts 612, 613 and 614, not just those cited below:
						<ul style="list-style-type: none"> The facility must be re-registered if there is a transfer of ownership. The Department must be notified within 30 days prior to adding, replacing, reconditioning, or permanently closing a stationary tank. The facility must be operated in accordance with the code for storing petroleum, 6 NYCRR Part 613. Any new facility or substantially modified facility must comply with the code for new and substantially modified facilities, 6 NYCRR Part 614. This certificate must be posted on the premises at all times. Posting must be at the tank, at the entrance of the facility, or the main office where the storage tanks are located. Any person with knowledge of a spill, leak or discharge must report the incident to DEC within two hours (1-800-457-7362).
ISSUED BY: Commissioner Langdon Marsh			MAILING CORRESPONDENCE			Signature of Authorized Representative/Owner _____ Date _____
PETROLEUM BULK STORAGE ID NUMBER 7-437999			ROTH BROS. SMELTING CORP. 6223 THOMPSON RD. EAST SYRACUSE, NY 13057			Name of Authorized Representative/Owner (Please Print) _____
DATE ISSUED 08/22/94		EXPIRATION DATE 05/19/98				Title _____
FEE PAID \$ 250						

*1 - Aboveground tanks require monthly visual inspections and documented internal inspections as described in 6 NYCRR Pt. 613.

FILE COPY

THIS REGISTRATION CERTIFICATE IS NON-TRANSFERABLE

FOIL200057



ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069

September 29, 1994

7-437999

Mr. Howard McLaughlin
New York State Department of
Environmental Conservation
Region 7
615 Erie Boulevard West
Syracuse, New York 13204

Dear Mr. McLaughlin:

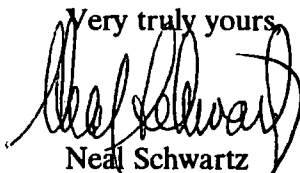
As discussed at the meeting/inspection conducted on September 22, 1994 at the Roth Bros. Smelting Facility, the following items were requested for your records:

- 1) Copy of the ten-year Aboveground Storage Tank (AST) inspection report
- 2) Revised Petroleum Bulk Storage (PBS) application form

Enclosed is a copy of the ten-year AST inspection report dated March 1990. It should be noted that the capacity of each AST is indicated as 12,500-gallon throughout the report, when in fact the actual ASTs capacities are 15,000-gallons each. Also enclosed is a completed PBS Application form. The form contains the required information for all of Roth's petroleum tanks.

If you have any questions or comments, please contact me at (315) 457-4105.

Very truly yours,



Neal Schwartz
General Manager

Enclosure



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF WATER • BUREAU OF SPILL PREVENTION AND RESPONSE

PETROLEUM BULK STORAGE APPLICATION

Pursuant to the Petroleum Bulk Storage Law,
Article 17, Title 10 of ECL; and 6 NYCRR 612-614.

* Addendum to original application
dated 6/1/93

Please Type or Print Clearly
and Complete All Items

(Continued on Reverse Side—Please Be Sure to Complete Section B)

SECTION A—See Instructions on Cover Sheet

PBS NUMBER 7-437999 Indicate Other Existing DEC Numbers, if any, for this Facility: CBS Number: 7-000057 SPDES Number: 0-110311	FACILITY	NAME Roth Bros. Smelting Corp.		TYPE OF PETROLEUM FACILITY: (Check all that apply) A. <input type="checkbox"/> Storage Terminal/Petroleum Distributor B. <input type="checkbox"/> Retail Gasoline Sales C. <input type="checkbox"/> Other Retail Sales D. <input checked="" type="checkbox"/> Manufacturing E. <input type="checkbox"/> Utility F. <input type="checkbox"/> Trucking/Transportation G. <input type="checkbox"/> Apartment Building H. <input type="checkbox"/> School I. <input type="checkbox"/> Farm J. <input type="checkbox"/> Private Residence K. <input type="checkbox"/> Airline (Air Taxi) L. <input type="checkbox"/> Other (Specify)		
		LOCATION (Not P.O. Boxes) 6223 Thompson Road				
		LOCATION (Continued)				
		CITY/TOWN/VILLAGE East Syracuse	STATE NY			ZIP CODE 13057
TRANSACTION TYPE (Check all that apply) NOTE: Transaction Types 1, 2 and 5 require a fee. 1. <input checked="" type="checkbox"/> Initial/ New Facility 2. <input type="checkbox"/> Change of Ownership 3. <input type="checkbox"/> Substantial Tank Modification 4. <input type="checkbox"/> Information Correction 5. <input type="checkbox"/> Renewal	OWNER	COUNTY Onondaga		TOWNSHIP OR CITY		
		NAME OF OPERATOR AT FACILITY Roth Bros Smelting		FACILITY TELEPHONE NUMBER (315) 463-9500		
		EMERGENCY CONTACT NAME Neal Schwartz		EMERGENCY CONTACT PHONE NO. (315) 463-9500		
		NAME Roth Bros. Smelting Corp.		ADDRESS (Street and/or P.O. Box) 6223 Thompson Road		
Geographical Locator for this Facility: (If known) LATITUDE: 42 57 00 DEG MIN SEC LONGITUDE: 71 6 04 00 DEG MIN SEC	CORRESPONDENCE MAILING	CITY East Syracuse	STATE NY	ZIP CODE 13057	I hereby certify under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.	
		FEDERAL TAX ID NO.		OWNER TELEPHONE NUMBER (315) 463-9500		
		TYPE OF OWNER (Check only one) 1 <input type="checkbox"/> Private Resident 2 <input type="checkbox"/> State Government 3 <input type="checkbox"/> Local Government 4 <input type="checkbox"/> Federal Government 5 <input checked="" type="checkbox"/> Corporate/Commercial		NAME OF OWNER OR AUTHORIZED REPRESENTATIVE Neal Schwartz		
		TITLE General Manager		AMOUNT ENCLOSED \$ 0		
Geographical Locator for this Facility: (If known) LATITUDE: 42 57 00 DEG MIN SEC LONGITUDE: 71 6 04 00 DEG MIN SEC	CORRESPONDENCE MAILING	ATTENTION		SIGNATURE 		
		NAME OF COMPANY Roth Bros. Smelting Corp.		DATE 8/10/94		
		ADDRESS 6223 Thompson Road		OFFICIAL USE ONLY Page _____ of _____ Date Received: ____/____/____ Date Processed: ____/____/____ Amount Received \$ _____ Reviewed By: _____		
		ADDRESS				
Geographical Locator for this Facility: (If known) LATITUDE: 42 57 00 DEG MIN SEC LONGITUDE: 71 6 04 00 DEG MIN SEC	CORRESPONDENCE MAILING	CITY/STATE/ZIP CODE East Syracuse, NY 13057				
		TELEPHONE NUMBER (315) 463-9500				

KEY FOR SECTION B

[illegible]



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF WATER • BUREAU OF SPILL PREVENTION AND RESPONSE

PETROLEUM BULK STORAGE APPLICATION

Pursuant to the Petroleum Bulk Storage Law,

Article 17, Title 10 of ECL; and 6 NYCRR 612-614.

Please Type or Print Clearly
and Complete All Items

(Continued on Reverse Side—Please Be Sure to Complete Section B)

SECTION A—See Instructions on Cover Sheet



PBS NUMBER 7-437999 Indicate Other Existing DEC Numbers, If any, for this Facility: CBS Number: 7-000057 SPDES Number: 0-110311	FACILITY NAME ROTH BROS. SMELTING CORP. LOCATION (Not P.O. Boxes) 6223 THOMPSON ROAD LOCATION (Continued) CITY/TOWN/VILLAGE EAST SYRACUSE STATE NY ZIP CODE 13057 COUNTY ONONDAGA TOWNSHIP OR CITY NAME OF OPERATOR AT FACILITY ROTH BROS. SMELTING FACILITY TELEPHONE NUMBER (315) 463-9500 EMERGENCY CONTACT NAME NEAL SCHWARTZ EMERGENCY CONTACT PHONE NO. (315) 463-9500	TYPE OF PETROLEUM FACILITY: (Check all that apply) A. <input type="checkbox"/> Storage Terminal/Petroleum Distributor B. <input type="checkbox"/> Retail Gasoline Sales C. <input type="checkbox"/> Other Retail Sales D. <input checked="" type="checkbox"/> Manufacturing E. <input type="checkbox"/> Utility F. <input type="checkbox"/> Trucking/Transportation G. <input type="checkbox"/> Apartment Building H. <input type="checkbox"/> School I. <input type="checkbox"/> Farm J. <input type="checkbox"/> Private Residence K. <input type="checkbox"/> Airline (Air Taxi) L. <input type="checkbox"/> Other (Specify) <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 18 1993 DEPT OF ENV CONSERVATION BUREAU OF SPILL RESPONSE </div>
TRANSACTION TYPE (Check all that apply) NOTE: Transaction Types 1, 2 and 5 require a fee. 1. <input checked="" type="checkbox"/> Initial/New Facility 2. <input type="checkbox"/> Change of Ownership 3. <input type="checkbox"/> Substantial Tank Modification 4. <input type="checkbox"/> Information Correction 5. <input type="checkbox"/> Renewal	OWNER NAME ROTH BROS. SMELTING CORP. ADDRESS (Street and/or P.O. Box) 6223 THOMPSON ROAD CITY EAST SYRACUSE STATE NY ZIP CODE 13057 FEDERAL TAX ID NO. OWNER TELEPHONE NUMBER (315) 463-9500 TYPE OF OWNER (Check only one) 1 <input type="checkbox"/> Private Resident 2 <input type="checkbox"/> State Government 3 <input type="checkbox"/> Local Government 4 <input type="checkbox"/> Federal Government 5 <input checked="" type="checkbox"/> Corporate/Commercial	I hereby certify under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law. NAME OF OWNER OR AUTHORIZED REPRESENTATIVE NEAL SCHWARTZ AMOUNT ENCLOSED \$ - 0 - TITLE GENERAL MANAGER SIGNATURE DATE 8-30-94
Geographical Locator for this Facility: (If known) LATITUDE: 42 57 00 DEG MIN SEC LONGITUDE: 76 04 00 DEG MIN SEC	CORRESPONDENCE MAILING ATTENTION NAME OF COMPANY ROTH BROS. SMELTING CORP. ADDRESS 6223 THOMPSON ROAD ADDRESS CITY/STATE/ZIP CODE EAST SYRACUSE, NY 13057 TELEPHONE NUMBER (315) 463-9500	OFFICIAL USE ONLY Page _____ of _____ Date Received: ____/____/____ Date Processed: ____/____/____ Amount Received \$ _____ Reviewed By: <u>oil 200061</u>



Submitted to NYSDEC on August 10th 1994

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION DIVISION OF WATER • BUREAU OF SPILL PREVENTION AND RESPONSE

PETROLEUM BULK STORAGE APPLICATION

Pursuant to the Petroleum Bulk Storage Law,
Article 17, Title 10 of ECL; and 6 NYCRR 612-614.

* Addendum to original application
dated 6/1/93

Please Type or Print Clearly
and Complete All Items

(Continued on Reverse Side—Please Be Sure to Complete Section B)

SECTION A—See Instructions on Cover Sheet

PBS NUMBER 7-437999	FACILITY	NAME Roth Bros. Smelting Corp.		TYPE OF PETROLEUM FACILITY: (Check all that apply) A. <input type="checkbox"/> Storage Terminal/Petroleum Distributor B. <input type="checkbox"/> Retail Gasoline Sales C. <input type="checkbox"/> Other Retail Sales D. <input checked="" type="checkbox"/> Manufacturing E. <input type="checkbox"/> Utility F. <input type="checkbox"/> Trucking/Transportation G. <input type="checkbox"/> Apartment Building H. <input type="checkbox"/> School I. <input type="checkbox"/> Farm J. <input type="checkbox"/> Private Residence K. <input type="checkbox"/> Airline (Air Taxi) L. <input type="checkbox"/> Other (Specify)				
LOCATION (Not P.O. Boxes) 6223 Thompson Road								
LOCATION (Continued)								
Indicate Other Existing DEC Numbers, If any, for this Facility: CBS Number: 7-000057		CITY/TOWN/VILLAGE East Syracuse	STATE NY			ZIP CODE 13057		
SPDES Number: 0-110311	OWNER	COUNTY Onondaga	TOWNSHIP OR CITY		I hereby certify under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.			
TRANSACTION TYPE (Check all that apply) NOTE: Transaction Types 1, 2 and 5 require a fee. 1. <input checked="" type="checkbox"/> Initial/ New Facility 2. <input type="checkbox"/> Change of Ownership 3. <input type="checkbox"/> Substantial Tank Modification 4. <input type="checkbox"/> Information Correction 5. <input type="checkbox"/> Renewal		NAME OF OPERATOR AT FACILITY Roth Bros Smelting	FACILITY TELEPHONE NUMBER (315) 463-9500					
EMERGENCY CONTACT NAME Neal Schwartz		EMERGENCY CONTACT PHONE NO. (315) 463-9500						
NAME Roth Bros. Smelting Corp.		ADDRESS (Street and/or P.O. Box) 6223 Thompson Road						
Geographical Locator for this Facility: (If known) LATITUDE: 42° 57' 00" N DEG MIN SEC LONGITUDE: 71° 6' 04" W DEG MIN SEC	CORRESPONDENCE MAILING	CITY East Syracuse	STATE NY	ZIP CODE 13057	NAME OF OWNER OR AUTHORIZED REPRESENTATIVE Neal Schwartz	AMOUNT ENCLOSED \$ 0		
		FEDERAL TAX ID NO.					OWNER TELEPHONE NUMBER (315) 463-9500	
		TYPE OF OWNER (Check only one) 1 <input type="checkbox"/> Private Resident 2 <input type="checkbox"/> State Government 3 <input type="checkbox"/> Local Government 4 <input type="checkbox"/> Federal Government 5 <input checked="" type="checkbox"/> Corporate/Commercial			TITLE General Manager		SIGNATURE <i>[Signature]</i>	
		ATTENTION			DATE 8/10/94		OFFICIAL USE ONLY Page _____ of _____ Date Received: _____ Date Processed: _____ Amount Received \$ _____ Reviewed By: _____	
		CORRESPONDENCE MAILING	NAME OF COMPANY Roth Bros. Smelting Corp.					
			ADDRESS 6223 Thompson Road					
			ADDRESS					
			CITY/STATE/ZIP CODE East Syracuse, NY 13057					
				TELEPHONE NUMBER (315) 463-9500				

7-437999

SECTION B—See Instructions on Cover Sheet

Page ____

Submitted to NYSDEC ON 8/10/94

- 1 Aboveground
- 2 Aboveground on saddles, legs, stilts, rack, or cradle
- 3 Aboveground: 10% or more below ground
- 4 Underground
- 5 Underground, vaulted, with access

0 Empty
1 Leaded Gasoline
2 Unleaded Gasoline
3 Nos. 1, 2, or 4 Fuel Oil
4 Nos. 5 or 6 Fuel Oil
5 Kerosene
6 Diesel
A Lube Oil
9 Other*

0 None
1 Steel/Iron
2 Galvanized Steel
3 Fiberglass (FRP)
4 Copper
9 Other*

0 None
1 Aboveground
2 Underground
3 Aboveground/Underground Combination

0 None
1 Interstitial Monitoring
2 Vapor Well
3 Groundwater Well
4 In-tank System
5 Concrete Pad w/channels
6 Double Bottom
9 Other:

1 Submersible
2 Suction
3 Gravity

* If Other, please list on separate sheet including the Tank Number

FOIL200063



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF WATER • BUREAU OF SPILL PREVENTION AND RESPONSE

PETROLEUM BULK STORAGE APPLICATION

Pursuant to the Petroleum Bulk Storage Law,
Article 17, Title 10 of ECL; and 6 NYCRR 612-614.

Please Type or Print Clearly
and Complete All Items

(Continued on Reverse Side—Please Be Sure to Complete Section B)

SECTION A—See Instructions on Cover Sheet



PBS NUMBER 7-437999 Indicate Other Existing DEC Numbers, if any, for this Facility: CBS Number: 7-000057 SPDES Number: 0-110311	FACILITY	NAME ROTH BROS. SMELTING CORP.		TYPE OF PETROLEUM FACILITY: (Check all that apply) A. <input type="checkbox"/> Storage Terminal/Petroleum Distributor B. <input type="checkbox"/> Retail Gasoline Sales C. <input type="checkbox"/> Other Retail Sales D. <input checked="" type="checkbox"/> Manufacturing E. <input type="checkbox"/> Utility F. <input type="checkbox"/> Trucking/Transportation G. <input type="checkbox"/> Apartment Building H. <input type="checkbox"/> School I. <input type="checkbox"/> Farm K. <input type="checkbox"/> Airline (Air Taxi) J. <input type="checkbox"/> Private Residence L. <input type="checkbox"/> Other (Specify)	
LOCATION (Not P.O. Boxes) 6223 THOMPSON ROAD		(Stamp: DEPT. OF ENV. CONSERVATION, DIVISION OF WATER, BUREAU OF SPILL PREVENTION AND RESPONSE, SEP 18 1994)			
LOCATION (Continued)					
CITY/TOWN/VILLAGE EAST SYRACUSE		STATE NY	ZIP CODE 13057		
COUNTY ONONDAGA	TOWNSHIP OR CITY				
NAME OF OPERATOR AT FACILITY ROTH BROS. SMELTING	FACILITY TELEPHONE NUMBER (315) 463-9500				
EMERGENCY CONTACT NAME NEAL SCHWARTZ	EMERGENCY CONTACT PHONE NO. (315) 463-9500				
TRANSACTION TYPE (Check all that apply) NOTE: Transaction Types 1, 2 and 5 require a fee. 1. <input checked="" type="checkbox"/> Initial/ New Facility 2. <input type="checkbox"/> Change of Ownership 3. <input type="checkbox"/> Substantial Tank Modification 4. <input checked="" type="checkbox"/> Information Correction <i>HY</i> 5. <input type="checkbox"/> Renewal	OWNER	NAME ROTH BROS. SMELTING CORP.		I hereby certify under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.	
ADDRESS (Street and/or P.O. Box) 6223 THOMPSON ROAD					
CITY EAST SYRACUSE		STATE NY	ZIP CODE 13057		
FEDERAL TAX ID NO.		OWNER TELEPHONE NUMBER (315) 463-9500		NAME OF OWNER OR AUTHORIZED REPRESENTATIVE NEAL SCHWARTZ	
Geographical Locator for this Facility: (If known) LATITUDE: 4 2 57 00 DEG MIN SEC LONGITUDE: 7 6 04 00 DEG MIN SEC	CORRESPONDENCE MAILING ADDRESS	TYPE OF OWNER (Check only one) 1 <input type="checkbox"/> Private Resident 2 <input type="checkbox"/> State Government 3 <input type="checkbox"/> Local Government 4 <input type="checkbox"/> Federal Government 5 <input checked="" type="checkbox"/> Corporate/Commercial		AMOUNT ENCLOSED \$ - 0 -	
ATTENTION		TITLE GENERAL MANAGER			
NAME OF COMPANY ROTH BROS. SMELTING CORP.		SIGNATURE <i>[Signature]</i>			
ADDRESS 6223 THOMPSON ROAD		DATE 8-30-94			
ADDRESS		OFFICIAL USE ONLY Page _____ of _____ Date Received: <i>9/13/94</i> Date Processed: <i>10/14/94</i> Amount Received: <i>[Signature]</i> Reviewed By: <i>[Signature]</i>			
CITY/STATE/ZIP CODE EAST SYRACUSE, NY 13057					
TELEPHONE NUMBER (315) 463-9500		FOIL 200064			

Tank Information for Petroleum Bulk Storage Facility

SECTION B—See Instructions on Cover Sheet

Page ____ of ____

Action	Tank Number	Tank Location	Status	Installation or Permanent Closure Date				Capacity (Gallons)	Product Stored	Tank Type	Tank Internal Prot.	Tank External Protection	Piping Location	Piping Type	Piping Internal Prot.	Piping External Protection	Secondary Containment	Leak Detection	Spill/Overfill Prevention	Dispenser	Last Test Date (underground Tanks)					
				(MO)	(YR)	(MO)	(YR)														(MO)	(YR)				
✓	001	4	1	0	6	8	6	1,000	2	1	0		0	2	1	0		0	2	9	6	2	0	8	9	4
✓	003	4	1	1	2	8	6	2,000	6	1	0		0	2	1	0		0	9	6	2	0	8	9	4	
✓	004	1	1	1	0	7	3	15,000	3	1	0		1	1	1	0		1	8	9	4	3				
✓	005	1	1	1	0	7	3	15,000	3	1	0		1	1	1	0		1	8	9	4	3				
✓	006	1	1	0	6	7	0	275	9	1	0		1	1	1	0		0	0	4	3					
✓	007	1	1	0	6	7	0	275	9	1	0		1	1	1	0		0	0	4	3					
✓	008	1	1	0	1	8	5	275	A	1	0		1	1	1	0		0	0	4	3					
✓	009	1	1	0	7	9	3	300	9	2	0		1	1	1	0		0	0	4	2					
✓	010	1	1	0	1	8	5	275	5	1	0		0	1	1	0		0	3	0	4	2				

KEY FOR SECTION B

ACTION

- 1 Initial Listing
- 2 Add Tank
- 3 Close/Remove Tank
- 4 Information Correction
- 5 Recondition/Repair/Reline Tank

TANK LOCATION

- 1 Aboveground
- 2 Aboveground on saddles, legs, stilts, rack, or cradle
- 3 Aboveground: 10% or more below ground
- 4 Underground
- 5 Underground, vaulted, with access

STATUS

- 1 In-service
- 2 Temporarily out-of-service
- 3 Closed—Removed
- 4 Closed—In Place
- 5 Tank Converted to Non-Regulated Use

PRODUCT STORED

- 0 Empty
- 1 Leaded Gasoline
- 2 Unleaded Gasoline
- 3 Nos. 1, 2, or 4 Fuel Oil
- 4 Nos. 5 or 6 Fuel Oil
- 5 Kerosene
- 6 Diesel
- A Lube Oil
- 9 Other*

TANK TYPE

- 1 Steel/Carbon Steel
- 2 Stainless Steel Alloy
- 3 Concrete
- 4 Fiberglass Coated Steel
- 5 Fiberglass Reinforced Plastic (FRP)
- 6 Equivalent Technology
- 9 Other*

PIPING TYPE

- 0 None
- 1 Steel/Iron
- 2 Galvanized Steel
- 3 Fiberglass (FRP)
- 4 Copper
- 9 Other*

INTERNAL PROTECTION: Tank/Piping

- 0 None
- 1 Epoxy Liner
- 2 Rubber Liner
- 3 Fiberglass Liner (FRP)
- 4 Glass Liner
- 9 Other*

EXTERNAL PROTECTION: Tank/Piping

- 0 None
- 1 Painted/Asphalt Coating
- 2 Sacrificial Anode
- 3 Impressed Current
- 4 Fiberglass
- 5 Jacketed
- 6 Wrapped (Piping)
- 9 Other*

PIPING LOCATION

- 0 None
- 1 Aboveground
- 2 Underground
- 3 Aboveground/Underground Combination

SECONDARY CONTAINMENT

- 0 None
- 1 Vault
- 2 Double-Walled Tank
- 3 Excavation Liner
- 4 Cut-off Walls
- 5 Impervious Underlayment
- 6 Earthen Dike
- 7 Prefabricated Steel Dike
- 8 Concrete Dike
- A Synthetic Liner
- B Natural Liner
- 9 Other*

LEAK DETECTION

- 0 None
- 1 Interstitial Monitoring
- 2 Vapor Well
- 3 Groundwater Well
- 4 In-tank System
- 5 Concrete Pad w/channels
- 6 Double Bottom
- 9 Other*

SPILL/OVERFILL PREVENTION

- 0 None
- 1 Float Vent Valve
- 2 High Level Alarm
- 3 Automatic Shut-off
- 4 Product Level Gauge
- 5 Catch Basin
- 6 Vent Whistle
- 9 Other*

DISPENSER

- 1 Submersible
- 2 Suction
- 3 Gravity

* If Other, please list on separate sheet including the Tank Number

**PETROLEUM BULK STORAGE APPLICATION**Pursuant to the Petroleum Bulk Storage Law,
Article 17, Title 10 of ECL; and 6 NYCRR 612-614.Please Type or Print Clearly
and Complete All Items

(Continued on Reverse Side—Please Be Sure to Complete Section B)

SECTION A—See Instructions on Cover Sheet

PBS NUMBER 7-437999	FACILITY	NAME ROTH BROS. SMELTING CORP.		TYPE OF PETROLEUM FACILITY: (Check all that apply) A. <input type="checkbox"/> Storage Terminal/Petroleum Distributor B. <input type="checkbox"/> Retail Gasoline Sales C. <input type="checkbox"/> Other Retail Sales D. <input checked="" type="checkbox"/> Manufacturing E. <input type="checkbox"/> Utility F. <input type="checkbox"/> Trucking/Transportation G. <input type="checkbox"/> Apartment Building H. <input type="checkbox"/> School I. <input type="checkbox"/> Farm J. <input type="checkbox"/> Private Residence K. <input type="checkbox"/> Airline (Air Taxi) L. <input type="checkbox"/> Other (Specify)			
Indicate Other Existing DEC Numbers, if any, for this Facility:		LOCATION (Not P.O. Boxes) 6223 THOMPSON ROAD					
CBS Number: 7-000057		LOCATION (Continued)					
SPDES Number: 0-110311		CITY/TOWN/VILLAGE E. SYRACUSE					
TRANSACTION TYPE (Check all that apply) NOTE: Transaction Types 1, 2 and 5 require a fee. 1. <input type="checkbox"/> Initial/New Facility 2. <input type="checkbox"/> Change of Ownership 3. <input type="checkbox"/> Substantial Tank Modification 4. <input checked="" type="checkbox"/> Information Correction 5. <input type="checkbox"/> Renewal	OWNER	COUNTY ONONDAGA		STATE NY			
		TOWNSHIP OR CITY ***UNKNOWN***		ZIP CODE 13057			
		NAME OF OPERATOR AT FACILITY ROTH BROS. SMELTING		FACILITY TELEPHONE NUMBER (315) 463-9500			
		EMERGENCY CONTACT NAME NEAL SCHWARTZ		EMERGENCY CONTACT PHONE NO. (315) 463-9500			
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		CITY E. SYRACUSE				STATE NY	
		ZIP CODE 13057				FEDERAL TAX ID NO.	
Geographical Locator for this Facility: (If known) LATITUDE: 42° 51' 7.010" DEG MIN SEC LONGITUDE: 76° 04' 0.0" DEG MIN SEC	CORRESPONDENCE MAILING	OWNER TELEPHONE NUMBER (315) 463-9500		NAME OF OWNER OR AUTHORIZED REPRESENTATIVE NEAL SCHWARTZ			
		TYPE OF OWNER (Check only one) 1 <input type="checkbox"/> Private Resident 2 <input type="checkbox"/> State Government 3 <input type="checkbox"/> Local Government 4 <input type="checkbox"/> Federal Government 5 <input checked="" type="checkbox"/> Corporate/Commercial		AMOUNT ENCLOSED \$ 0.00			
		TITLE GENERAL MANAGER		DATE 09/28/94			
		SIGNATURE 		OFFICIAL USE ONLY			
		ATTENTION		Page _____ of _____			
		NAME OF COMPANY ROTH BROS. SMELTING CORP.		Date Received: 9/28/94			
		ADDRESS 6223 THOMPSON ROAD		Date Processed: 10/13/94			
		ADDRESS		Amount Received: \$ _____			
		CITY/STATE/ZIP CODE EAST SYRACUSE, NY 13057		Reviewed By:			
		TELEPHONE NUMBER (315) 463-9500					

Tank Information for Petroleum Bulk Storage Facility

SECTION B—See Instructions on Cover Sheet

Action	Tank Number	Tank Location	Status	Installation or Permanent Closure Date				Capacity (Gallons)	Product Stored	Tank Type	Tank Internal Prot.	Tank External Protection		Piping Location	Piping Type	Piping Internal Prot.	Piping External Protection	Secondary Containment		Leak Detection	Spill/Overfill Prevention	Dispenser	Last Test Date (underground Tanks)				
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DISPENSER

- 1 Submersible
- 2 Suction
- 3 Gravity

* If Other, please list on separate sheet including the Tank Number



PETROLEUM BULK STORAGE REGISTRATION CERTIFICATE

NYS DEC - REGION 7
615 ERIE BLVD. W.
SYRACUSE, NY 13204
(315) 426-7519

Page 1 of 1

TANK NUMBER	DATE INSTALLED	TANK TYPE	CAPACITY (GALLONS)	DATE LAST TESTED	TESTING DUE DATE	OWNER
001	06/86	Steel/Carbon Steel	1,000			ROTH BROS. SMELTING CORP. 6223 THOMPSON RD. EAST SYRACUSE, NY 13057 SITE ROTH BROS. SMELTING CORP. 6223 THOMPSON RD. EAST SYRACUSE, NY 13057 OPERATOR (Name and Telephone Number) ROTH BROS. SMELTING CORP. (315) 463-9500 EMERGENCY CONTACT (Name and Telephone Number) NEAL SCHWARTZ (315) 463-9500 As an authorized representative of the above named facility, I affirm under penalty of perjury that the information displayed on this form is correct to the best of my knowledge. Additionally, I recognize that I am responsible for assuring that this facility is in compliance with all sections of 6 NYCRR Parts 612, 613 and 614, not just those cited below: <ul style="list-style-type: none"> The facility must be re-registered if there is a transfer of ownership. The Department must be notified within 30 days prior to adding, replacing, reconditioning, or permanently closing a stationary tank. The facility must be operated in accordance with the code for storing petroleum, 6 NYCRR Part 613. Any new facility or substantially modified facility must comply with the code for new and substantially modified facilities, 6 NYCRR Part 614. This certificate must be posted on the premises at all times. Posting must be at the tank, at the entrance of the facility, or the main office where the storage tanks are located. Any person with knowledge of a spill, leak or discharge must report the incident to DEC within two hours (1-800-457-7362).
003	12/86	Steel/Carbon Steel	2,000		12/96	
004	10/73	Steel/Carbon Steel	15,000	08/89	*1	
005	10/73	Steel/Carbon Steel	15,000	08/89	*1	
006	06/70	Steel/Carbon Steel	275		*1	
007	06/70	Steel/Carbon Steel	275		*1	
008	01/85	Steel/Carbon Steel	275		*1	
009	07/93	Steel/Carbon Steel	300		*1	
010	01/85	Steel/Carbon Steel	275		*1	
<div style="position: absolute; left: 30px; top: 500px; transform: rotate(-30deg); opacity: 0.5;">FILE COPY</div> <p>*1 - Aboveground tanks require monthly visual inspections and documented internal inspections as described in 6 NYCRR Pt. 613.</p>						
ISSUED BY: Commissioner Langdon Marsh			MAILING CORRESPONDENCE ROTH BROS. SMELTING CORP. 6223 THOMPSON RD. EAST SYRACUSE, NY 13057			
PETROLEUM BULK STORAGE ID NUMBER 7-437999						
DATE ISSUED 10/13/94	EXPIRATION DATE 05/19/98					
FEE PAID \$ 250						
Signature of Authorized Representative/Owner _____ Date _____ Name of Authorized Representative/Owner (Please Print) _____ Title _____						

THIS REGISTRATION CERTIFICATE IS NON-TRANSFERABLE

FOIL200068

Clemett AND CO., INC.

Petroleum Equipment and Environmental Services
2020 LeMOYNE ST., P.O. BOX 69, SYRACUSE, NEW YORK 13211
PHONE: (315) 454-4435 FAX: (315) 454-0215

October 11, 1996

7 437999

Roth Bros. Smelting Corp.
6223 Thompson Road
East Syracuse, NY 13057

Attn: Mr. Burt Coleman

Re: Tank Systems Test

Enclosed are Petro Tite test reports covering our tests of fuel storage tanks installed on your property as follows:

<u>Date</u> <u>Tested</u>	<u>Tank</u> <u>Capacity</u>	<u>Product</u>	<u>Test</u> <u>Result</u>	<u>Variance</u>
10/3/96	1,000 Gal.	Unleaded Gasoline	Tight	-.0075 GPH
10/3/96	2,000 Gal.	Diesel Fuel	Tight	-.010 GPH

Please let us know if you have any questions on this work.

D. A. Gaylord

D. A. Gaylord

DAG:jrg
Encls. (2)

Data Chart for Tank System Tightness Test

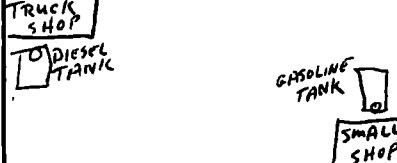
PLEASE PRINT

1. OWNER Property <input checked="" type="checkbox"/> Tank(s) <input checked="" type="checkbox"/>	ROTH BROS. SMELTING CORP. 6223 THOMPSON RD. 315-463-9500 <small>Name Address Zip Representative Telephone</small> EAST SYRACUSE, N.Y. 13257 <small>Name Address Zip Representative Telephone</small>													
2. OPERATOR	SAME <small>Name Address Zip Telephone</small>													
3. REASON FOR TEST <small>(Explain Fully)</small>	COMPANY ENVIRONMENTAL POLICY - ANNUAL TANK TEST REQUIRED BY NYSDEC - 1996													
4. WHO REQUESTED TEST AND WHEN	BURT COLEMAN <small>Name Title Company or Affiliation Date</small> <small>Address Zip Telephone</small>													
5. TANK INVOLVED <small>Use additional lines for manifolded tanks</small>	Identify by Direction NORTH	Capacity 2000 GAL.	Brand/Supplier MOHAWK VALLEY P.T.	Grade #2 DIESEL FUEL	Approx. Age 10 yrs.	Steel/Fiberglass STEEL								
6. INSTALLATION DATA	Location DRIVEWAY - NEXT TO TRUCK SHOP	Cover CONCRETE	Fills 3"	Vents 2"	Siphones NONE	Pumps GASBOY SUCTION								
<small>North inside driveway. Rear of station, etc.</small>		<small>Concrete, Black Top, Earth, etc.</small>	<small>Size, Titefill make, Drop tubes, Remote Fills</small>	<small>Size, Manifolded</small>	<small>Which tanks?</small>	<small>Suction, Remote, Make if known</small>								
7. UNDERGROUND WATER	Is the water over the tank? Depth to the water table from grade _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
8. FILL-UP ARRANGEMENTS	Tanks to be filled 0700 hr. 10-3-96 Date Arranged by BURT COLEMAN <small>Name Telephone</small> Extra product to "top off" and run tank tester. How and who to provide? Consider NO Lead. Terminal or other contact for notice or inquiry _____ <small>Company Name Telephone</small>													
9. CONTRACTOR, MECHANICS, any other contractor involved	NO OTHER													
10. OTHER INFORMATION OR REMARKS	TANK REGISTRATION ID # 7-437999 Additional information on any items above. Officials or others to be advised when testing is in progress or completed. Visitors or observers present during test, etc.													
11. TEST METHOD	<input checked="" type="checkbox"/> PETRO TITE II <input type="checkbox"/> PETRO COMP <input type="checkbox"/> QUICK CHECK 2000													
11a. TEST RESULTS	Tests were made on the above tank systems in accordance with test procedures prescribed for as detailed on attached test charts with results as follows: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Tank Identification</th> <th style="width: 10%;">Tight</th> <th style="width: 30%;">Net Volume Change Per Hour</th> <th style="width: 30%;">Date Tested</th> </tr> </thead> <tbody> <tr> <td>DIESEL FUEL TANK</td> <td>YES</td> <td>- .010 GAL. PER HOUR</td> <td>10-03-96</td> </tr> </tbody> </table>						Tank Identification	Tight	Net Volume Change Per Hour	Date Tested	DIESEL FUEL TANK	YES	- .010 GAL. PER HOUR	10-03-96
Tank Identification	Tight	Net Volume Change Per Hour	Date Tested											
DIESEL FUEL TANK	YES	- .010 GAL. PER HOUR	10-03-96											
12. SENSOR CERTIFICATION Oct. 3, 1996 <small>Date</small> 666 <small>Serial No. of Thermal Sensor</small>	13. CONTRACTOR CERTIFICATION Technicians 1. Dale Wightman Certification # 031595 A1162 2. _____ Certification # _____ <div style="text-align: right;"> CLEMPETT & CO. INC. 101A Bayshore <small>Testing Contractor or Company By: Signature</small> 7020 LEMOYNE ST. - PO. BOX 69 <small>Address</small> SYRACUSE, NY 13211 <small>FOIL 200070</small> </div>													

15. TANK TO TEST

FRONT of TRUCK SHOP
 Identity by position
#2 DIESEL FUEL
 Brand and Grade

15a. BRIEF DIAGRAM OF TANK FIELD



16. CAPACITY

Nominal Capacity 2000 Gallons
 By most accurate capacity chart available 2000 Gallons

From
☐ Station Chart
☐ Tank Manufacturer's Chart
☐ Company Engineering Data
☒ Charts supplied with Tank Tester
☐ Other

17. FILL-UP FOR TEST

Stick Water Bottom before Fill-up 0 in. 0 Gallons 64 in. Tank Diameter

Total Gallons as Reading

Inventory in Tank 2000
 Water Bottom -
 Top off equipment +
 Total Quantity 2000

18. SPECIAL CONDITIONS AND PROCEDURES TO TEST THIS TANK

☐ Water in tank ☐ Line(s) being tested with LVLLT
☐ High water table in tank excavation

See manual sections applicable. Check below and record procedure in log (27).

Use maximum allowable test pressure for all tests.
 Four pound rule does not apply to doublewalled tanks.

Complete section below:

1. Is four pound rule required? Yes ☒ No ☐
 2. Height to 12" mark from grade 61 in.
 3. Pressure at bottom of tank 4.000 P.S.I.
 4. Pressure at top of tank 3.286 P.S.I.

19. TANK MEASUREMENTS FOR TSTT ASSEMBLY

Bottom of tank to grade" 109 in.
 Add 30" for "T" probe assy. 30 in.
 Total tubing to assemble — approximate 139 in.

20. EXTENSION HOSE SETTING

Tank top to grade" 45 in.
 Extend hose on suction tube 8" or more below tank top 51 in.

*If Fill pipe extends above grade, use top of fill.

USE WITH THERMAL SENSOR PN5039 (Blue Box)

22. Thermal-Sensor reading after circulation 2125 digits
 23. Digits per °F in range of expected change 40 digits

24a. IF USING THERMAL SENSOR DTS-2000 OR QC-2000 WHICH READ 1000 DIGITS PER °F TRANSFER 1000 TO LINE 26, DIGITS PER °F IN TEST RANGE.

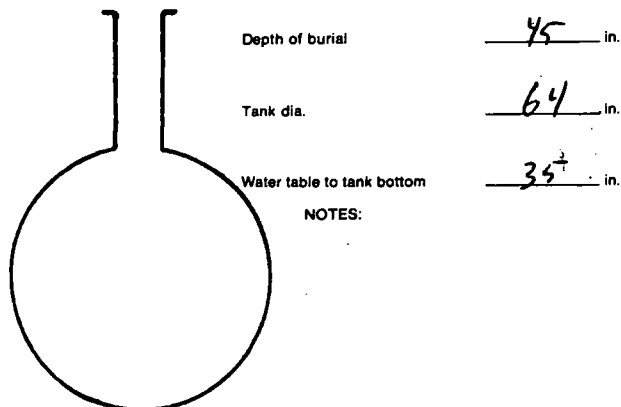
21. VAPOR RECOVERY SYSTEM ☒ Stage I ☒ Stage II

24b. COEFFICIENT OF EXPANSION RECIPROCAL METHOD

Type of Product DIESEL FUEL
 Hydrometer Employed 4H
 Temperature in Tank After Circulation 61.218 °F
 Temperature of Sample 55.000 °F
 Difference (+/-) -6 °F
 Observed A.P.I. Gravity 36.8
 Reciprocal 2125 Page # 40
 Total quantity in full tank (17) 2000 Reciprocal 2125 Volume change in this tank per °F 9411764
 Transfer to Line 26a.

24c. FOR TESTING WITH WATER see Table C & D

Water Temperature after Circulation Table C from Thermal Sensor °F
 Coefficient of Water Table D
 Added Surfactant? ☐ Yes ☐ No Transfer COE to Line 25b.



NOTES:

The above calculations are to be used for dry soil conditions to establish a positive pressure advantage, or when using the four pound rule to compensate for the presence of subsurface water in the tank area.

Refer to N.F.P.A. 30, Sections 2-3.2.4 and 2-7.2 and the tank manufacturer regarding allowable system test pressures.

25. (a) 2000 Total quantity in full tank (17) × (b) 1000 Coefficient of expansion for involved product = (c) 2000000 Volume change in this tank per °F gallons
 26. (a) 9411764 Volume change per °F (25 or 24b) + (b) 1000 Digits per °F in test Range (23 or 24a) = (c) 0.0009 Volume change per digit Compute to 4 decimal places. Factor (a)

27. Sensor Calibration <u>81692 / 81702</u>			30. HYDROSTATIC PRESSURE CONTROL		31. VOLUME MEASUREMENTS (V) RECORD TO .001 GAL.			34. TEMPERATURE COMPENSATION USE FACTOR (a)			38. NET VOLUME CHANGING EACH READING		39. ACCUMULATED CHANGE	
LOG OF TEST PROCEDURES			Standpipe Level in Inches		Product in Graduate		33. Product Replaced (-)	35. Thermal Sensor Reading	36. Change Higher + Lower - (c)	37. Computation (c) * (a) = Expansion + Contraction -	Temperature Adjustment Volume Minus Expansion (+) or Contraction (-) #33(V) - #37(T)	At Low Level compute Change per Hour (NFPA criteria)		
28. DATE	Record details of setting up and running test. (Use full length of line if needed.)	29. Reading No.	Beginning of Reading	Level to which Restored	Before Reading	After Reading	Product Recovered (+)							
<u>10-3-96</u>	<u>DIESEL FUEL</u>													
0700	ARRIVE AT LOCATION - TANK IS FULL. CHECK GROUNDWATER. OPEN PUMP, PREPARE AIRGELIM.													
	UNLOAD AND INSPECT TEST EQUIP. - INSTALL, FILL, START CIRC.													
0815	START PUMP TO CIRC.			48									.0009	
0900	CHECK TEMP - LEVEL OFF AT 12"			42					61.218					
0915	CHECK	1		42	980	900	-0.080		290	+72	+0.065	-0.145		
0930	"	2		42	900	840	-0.060		350	+60	+0.054	-0.114		
0945	"	3		42	840	790	-0.050		408	+58	+0.052	-0.102		
1000	"	4		42	790	760	-0.030		468	+60	+0.054	-0.084		
1015	"	5		42	760	750	-0.010		512	+44	+0.040	-0.050		
	LOWER TO 12" LEVEL			12										
1030	CHECK			12	750	780	+0.030		562	+50	+0.045	-0.015		
1045	"			12	780	820	+0.040		613	+51	+0.046	-0.006		
	START 5 MINUTE READINGS			12										
1050	CHECK	1		12	.010	.020	+0.010		629	+16	+0.014	-0.004		
1055	"	2		12	.020	.030	+0.010		646	+17	+0.015	-0.005	-0.009	
1100	"	3		12	.030	.045	+0.015		662	+16	+0.014	+0.001	-0.008	
1105	"	4		12	.045	.060	+0.015		678	+16	+0.014	+0.001	-0.007	
1110	"	5		12	.060	.075	+0.015		696	+18	+0.016	-0.001	-0.008	
1115	"	6		12	.075	.085	+0.010		712	+16	+0.014	-0.004	-0.012	
1120	"	7		12	.085	.000	+0.015		728	+16	+0.014	+0.001	-0.011	
1125	"	8		12	.100	.110	+0.010		742	+14	+0.013	-0.003	-0.014	
1130	"	9		12	.110	.125	+0.015		760	+18	+0.016	-0.001	-0.015	
1135	"	10		12	.125	.140	+0.015		773	+13	+0.012	+0.003	-0.012	
1140	"	11		12	.140	.150	+0.010		791	+18	+0.016	-0.006	-0.018	
1145	"	12		12	.150	.165	+0.015		810	+19	+0.017	-0.002	-0.020	

[illegible]

1. Net Volume Change at Conclusion of Precision Test -0.010 gph

2. Statement:



PETROLEUM BULK STORAGE REGISTRATION CERTIFICATE

NYS DEC - REGION 7
615 ERIE BLVD. W.
SYRACUSE, NY 13204
(315) 426-7519



Page 1 of 1

TANK NUMBER	DATE INSTALLED	TANK TYPE	CAPACITY (GALLONS)	DATE LAST TESTED	TESTING DUE DATE	OWNER
001	06/86	Steel/Carbon Steel	1,000	10/96	10/01	ROTH BROS. SMELTING CORP. 6223 THOMPSON RD. EAST SYRACUSE, NY 13057
003	12/86	Steel/Carbon Steel	2,000	10/96		* SITE ROTH BROS. SMELTING CORP. 6223 THOMPSON RD. EAST SYRACUSE, NY 13057
004	10/73	Steel/Carbon Steel	15,000	08/89		
005	10/73	Steel/Carbon Steel	15,000	08/89		
006	06/70	Steel/Carbon Steel	275			
007	06/70	Steel/Carbon Steel	275			
008	01/85	Steel/Carbon Steel	275			
009	07/93	Steel/Carbon Steel	300			
010	01/85	Steel/Carbon Steel	275			
						EMERGENCY CONTACT (Name and Telephone Number) NEAL SCHWARTZ (315) 463-9500
						As an authorized representative of the above named facility, I affirm under penalty of perjury that the information displayed on this form is correct to the best of my knowledge. Additionally, I recognize that I am responsible for assuring that this facility is in compliance with all sections of 6 NYCRR Parts 612, 613 and 614, and applicable sections of 6 NYCRR Subpart 360-14 (used oil tanks only), not just those cited below: <ul style="list-style-type: none"> The facility must be re-registered if there is a transfer of ownership. The Department must be notified within 30 days prior to adding, replacing, reconditioning, or permanently closing a stationary tank. The facility must be operated in accordance with the code for storing petroleum, 6 NYCRR Part 613. Any new facility or substantially modified facility must comply with 6 NYCRR Part 614. This certificate must be posted on the premises at all times. Posting must be at the tank, at the entrance of the facility, or the main office where the storage tanks are located. Any person with knowledge of a spill, leak or discharge must report the incident to DEC within two hours (1-800-457-7362).

FILE COPY

* Aboveground tanks require monthly visual inspections and may need documented internal inspections as described in 6NYCRR Pt. 613.

ISSUED BY: Act. Commissioner John P. Cahill	MAILING CORRESPONDENCE ROTH BROS. SMELTING CORP. 6223 THOMPSON RD. EAST SYRACUSE, NY 13057
PETROLEUM BULK STORAGE ID NUMBER 7-437999	
DATE ISSUED 05/07/97	EXPIRATION DATE 05/19/98
FEE PAID \$ 250	

Signature of Authorized Representative/Owner _____ Date _____

Name of Authorized Representative/Owner (Please Print) _____

Title _____

THIS REGISTRATION CERTIFICATE IS NON-TRANSFERABLE

FOIL200074



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF ENVIRONMENTAL REMEDIATION

PETROLEUM BULK STORAGE APPLICATION

Pursuant to the Petroleum Bulk Storage Law,
Article 17, Title 10 of ECL; 6 NYCRR 612-614 and 6 NYCRR, Subpart 360-14
(Continued on the Reverse Side—Please Be Sure to Complete Section B)

Please Type or Print Clearly
and Complete All Items

SECTION A—See Instructions on Cover Sheet

RETURN COMPLETED FORM & FEE TO:

NYS DEC - REGION 7
615 ERIE BLVD. W.
SYRACUSE, NY 13204
(315) 426-7519



RECEIVED
MAR 16 1998
DEPT. OF ENV. CONSERVATION
OFFICE RESPONSE

PBS NUMBER 7-437999 Indicate other existing DEC Numbers, if any, for this facility: CBS Number 7-000057 SPDES Number 0-110311	FACILITY	FACILITY NAME ROTH BROS. SMELTING CORP. LOCATION (Not P.O. Boxes) 6223 THOMPSON RD. LOCATION (Continued) CITY/TOWN/VILLAGE EAST SYRACUSE STATE NY ZIP CODE 13057 COUNTY ONONDAGA TOWNSHIP OR CITY DEWITT NAME OF OPERATOR AT FACILITY ROTH BROS. SMEL FACILITY TELEPHONE NUMBER (315) 463-9500 EMERGENCY CONTACT NAME NEAL SCHWARTZ EMERGENCY TELEPHONE NO. (315) 463-9500	TYPE OF PETROLEUM FACILITY: (Check all that apply) A. <input type="checkbox"/> Storage Terminal/Petroleum Distributor B. <input type="checkbox"/> Retail Gasoline Sales C. <input type="checkbox"/> Other Retail Sales D. <input checked="" type="checkbox"/> Manufacturing E. <input type="checkbox"/> Utility F. <input type="checkbox"/> Trucking/Transportation G. <input type="checkbox"/> Apartment Building H. <input type="checkbox"/> School I. <input type="checkbox"/> Farm J. <input type="checkbox"/> Private Residence K. <input type="checkbox"/> Airline (Air Taxi) L. <input type="checkbox"/> Other (Specify Below)
TRANSACTION TYPE (Check all that apply) NOTE: Transaction Types 1, 2 and 5 may require a fee. Initial/ 1 <input type="checkbox"/> New Facility Change of 2 <input type="checkbox"/> Ownership Substantial 3 <input type="checkbox"/> Tank Modification Information 4 <input type="checkbox"/> Correction 5 <input checked="" type="checkbox"/> Renewal	OWNER	OWNER NAME ROTH BROS. SMELTING CORP. ADDRESS (Street and/or PO Box) 6223 THOMPSON RD. CITY EAST SYRACUSE STATE NY ZIP CODE 13057 FEDERAL TAX ID NUMBER 150433570 OWNER TELEPHONE NUMBER (315) 463-9500 TYPE OF OWNER (Check only one) 1 <input type="checkbox"/> Private Resident 2 <input type="checkbox"/> State Government 3 <input type="checkbox"/> Local Government 4 <input type="checkbox"/> Federal Government 5 <input checked="" type="checkbox"/> Corporate/Commercial	I hereby certify under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law. NAME OF OWNER OR AUTHORIZED REPRESENTATIVE Neal Schwartz AMOUNT ENCLOSED \$250.00 TITLE General Manager SIGNATURE DATE 3/16/98
Geographical Locator for this Facility: (If known) LATITUDE: 42 57 00 DEG MIN SEC LONGITUDE: 76 04 00 DEG MIN SEC	CORRESPONDENCE	ATTENTION NEAL SCHWARTZ NAME OF COMPANY ROTH BROS. SMELTING CORP. ADDRESS 6223 THOMPSON RD. ADDRESS P.O. BOX 639 CITY/STATE/ZIP CODE EAST SYRACUSE, NY 13057-0639 TELEPHONE NUMBER (315) 463-9500	OFFICIAL USE ONLY Page _____ of _____ Date Received: 3/16/98 Date Processed: 3/20/98 Amount Received \$ 250 Reviewed By:

PBS NUMBER: 7-437999

Tank Information for Petroleum Bulk Storage Facility
SECTION B—See Instructions on Cover Sheet

EXPIRATION DATE: 05/19/98

Page 1 of 2

Action	Tank Number	Tank Location	Status	Installation or Permanent Closure Date (MO) (YR)				Capacity (Gallons)	Product Stored	Tank Type	Tank Internal Protection	Tank External Protection		Piping Location		Piping Type	Piping Internal Protection		Piping External Protection		Secondary Containment		Leak Detection		Spill/Overfill Prevention		Dispenser	Last Test Date (Underground Tanks) (MO) (YR)		
1	001	4	1	0	6	8	6	1,000	2	1	0	0	0	2	1	0	0	0	0	0	2	0	9	0	6	2	1	0	9	7
1	003	4	1	1	2	8	6	2,000	6	1	0	0	0	2	1	0	0	0	0	0	0	0	9	0	6	2	1	0	9	7
1	004	1	1	1	0	7	3	15,000	3	1	0	0	1	1	1	0	0	1	0	8	0	9	0	4	3					
1	005	1	1	1	0	7	3	15,000	3	1	0	0	1	1	1	0	0	1	0	8	0	9	0	4	3					
1	006	1	1	0	6	7	0	275	B ⁹	1	0	0	1	1	1	0	0	0	0	7	0	0	0	4	3					
1	007	1	1	0	6	7	0	275	B ⁹	1	0	0	1	1	1	0	0	0	0	7	0	0	0	4	3					
1	008	1	1	0	1	8	5	275	A	1	0	0	1	1	1	0	0	0	0	7	0	0	0	4	3					

KEY FOR SECTION B
ACTION

- Initial Listing
- Add Tank
- Close/Remove Tank
- Information Correction
- Recondition/Repair/Reline Tank

TANK LOCATION

- Aboveground
- Aboveground on saddles, legs, stilts, rack, or cradle
- Aboveground: 10% or more below ground
- Underground
- Underground, vaulted, with access

STATUS

- In-service
- Temporarily out-of-service
- Closed—Removed
- Closed—In Place
- Tank Converted to Non-Regulated Use

PRODUCT STORED

- Empty
- Leaded Gasoline
- Unleaded Gasoline
- Nos. 1, 2, or 4 Fuel Oil
- Nos. 5 or 6 Fuel Oil
- Kerosene
- Diesel
- A. Lube Oil
- B. Lube Oil (fuel)
- C. Used Oil
- Other*

TANK TYPE

- Steel/Carbon Steel
- Stainless Steel Alloy
- Concrete
- Fiberglass Coated Steel
- Fiberglass Reinforced Plastic (FRP)
- Equivalent Technology
- Other*

PIPING TYPE

- None
- Steel/Iron
- Galvanized Steel
- Fiberglass (FRP)
- Copper
- Other*

INTERNAL PROTECTION: Tank/Piping

- None
- Epoxy Liner
- Rubber Liner
- Fiberglass Liner (FRP)
- Glass Liner
- Other*

EXTERNAL PROTECTION: Tank/Piping

- None
- Painted/Asphalt Coating
- Sacrificial Anode
- Impressed Current
- Fiberglass
- Jacketed
- Wrapped (Piping)
- Other*

PIPING LOCATION

- None
- Aboveground
- Underground
- Aboveground/Underground Combination

SECONDARY CONTAINMENT

- None
- Vault
- Double-Walled Tank
- Excavation Liner
- Cut-off Walls
- Impervious Underlayment
- Earthen Dike
- Prefabricated Steel Dike
- Concrete Dike
- A. Synthetic Liner
- B. Natural Liner
- Other*

LEAK DETECTION

- None
- Interstitial Monitoring
- Vapor Well
- Groundwater Well
- In-Tank System
- Concrete Pad w/channels
- Double Bottom
- Other*

SPILL/OVERFILL PREVENTION

- None
- Float Vent Valve
- High Level Alarm
- Automatic Shut-off
- Product Level Gauge
- Catch Basin
- Vent Whistle
- Other*

DISPENSER

- Submersible
- Suction
- Gravity

* If other, please list on separate sheet including Tank Number

PBS NUMBER: 7-437999

Tank Information for Petroleum Bulk Storage Facility
SECTION B—See Instructions on Cover Sheet

EXPIRATION DATE: 05/19/98

Page 2 of 2

[illegible]

KEY FOR SECTION B ACTION

1. Initial Listing
2. Add Tank
3. Close/Remove Tank
4. Information Correction
5. Recondition/Repair/
Reline Tank

TANK LOCATION

1. Aboveground
2. Aboveground on saddles, legs, stilts, rack, or cradle
3. Aboveground: 10% or more below ground
4. Underground
5. Underground, vaulted, with access

STATUS

1. In-service
2. Temporarily out-of-service
3. Closed—Removed
4. Closed—In Place
5. Tank Converted to Non-Regulated Use

PRODUCT STORED

0. Empty
1. Leaded Gasoline
2. Unleaded Gasoline
3. Nos. 1, 2, or 4 Fuel Oil
4. Nos. 5 or 6 Fuel Oil
5. Kerosene
6. Diesel
- A. Lube Oil
- B. Lube Oil (fuel)
- C. Used Oil
9. Other*

TANK TYPE

1. Steel/Carbon Steel
2. Stainless Steel Alloy
3. Concrete
4. Fiberglass Coated Steel
5. Fiberglass Reinforced Plastic (FRP)
6. Equivalent Technology
9. Other*

PIPING TYPE

0. None
1. Steel/Iron
2. Galvanized Steel
3. Fiberglass (FRP)
4. Copper
9. Other*

• If other, please list on separate sheet including Tank Number

INTERNAL PROTECTION: Tank/Piping

0. None
1. Epoxy Liner
2. Rubber Liner
3. Fiberglass Liner (FRP)
4. Glass Liner
9. Other*

EXTERNAL PROTECTION: Tank/Piping

0. None
1. Painted/Asphalt Coating
2. Sacrificial Anode
3. Impressed Current
4. Fiberglass
5. Jacketed
6. Wrapped (Piping)
9. Other*

PIPING LOCATION

0. None
1. Aboveground
2. Underground
3. Aboveground/
Underground Combination

SECONDARY CONTAINMENT

0. None
1. Vault
2. Double-Walled Tank
3. Excavation Liner
4. Cut-off Walls
5. Impervious Underlayment
6. Earthen Dike
7. Prefabricated Steel Dike
8. Concrete Dike
- A. Synthetic Liner
- B. Natural Liner
9. Other*

LEAK DETECTION

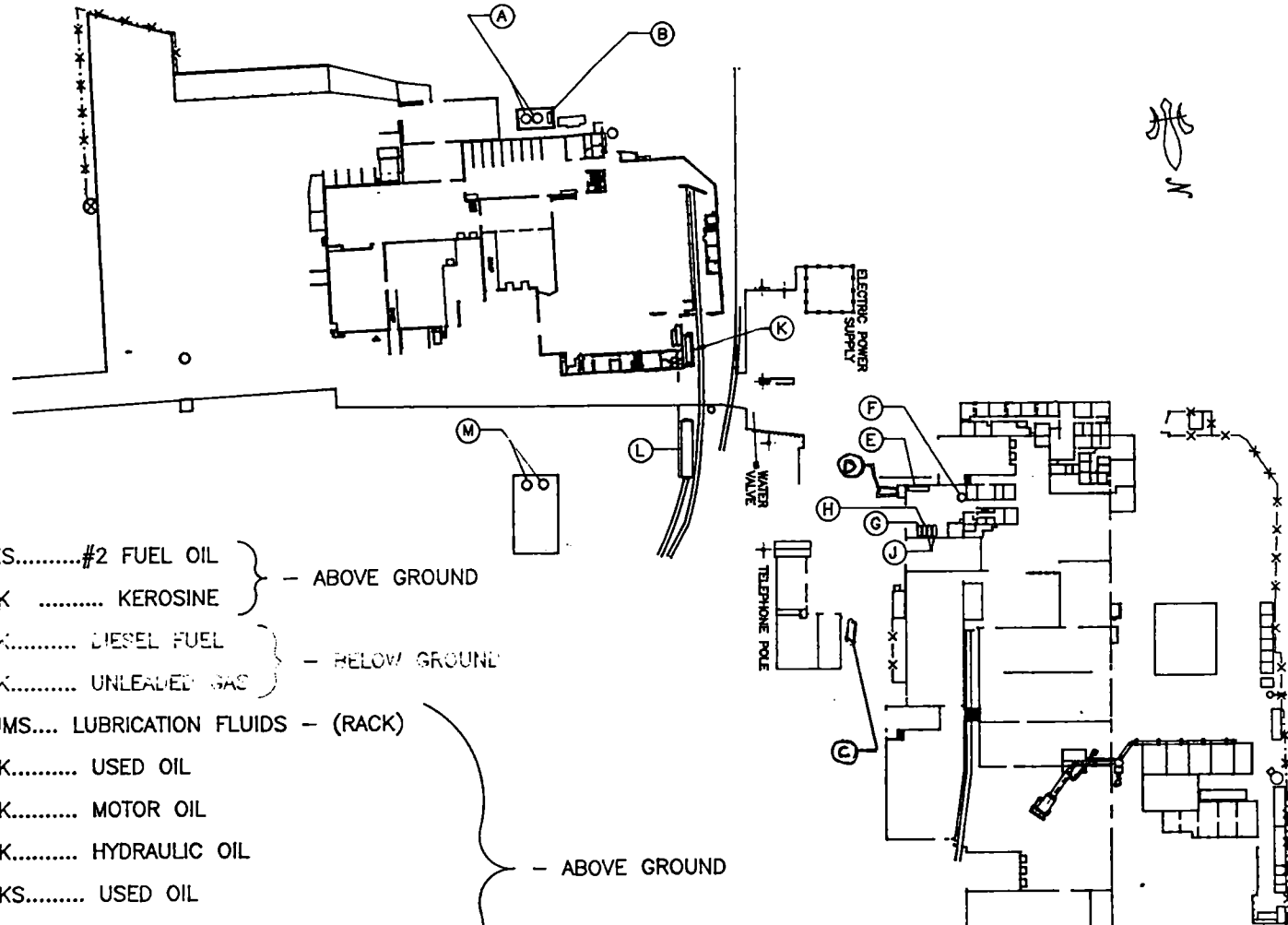
0. None
1. Interstitial Monitoring
2. Vapor Well
3. Groundwater Well
4. In-Tank System
5. Concrete Pad w/channels
6. Double Bottom
9. Other*

SPILL/OVERFILL PREVENTION

0. None
1. Float Vent Valve
2. High Level Alarm
3. Automatic Shut-off
4. Product Level Gauge
5. Catch Basin
6. Vent Whistle
9. Other*

DISPENSER

1. Submersible
2. Suction
3. Gravity



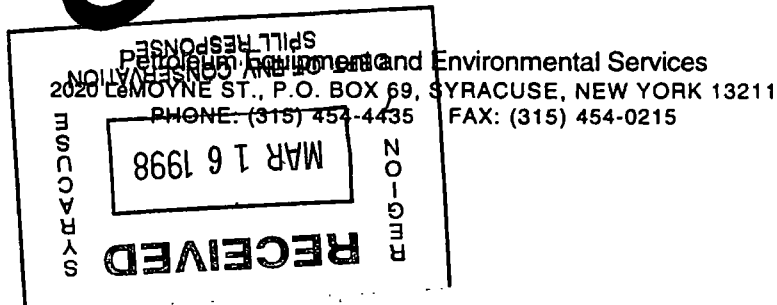
- 005
+5
004 * (A) - (2) 15,000 GAL. TANKS.....#2 FUEL OIL } - ABOVE GROUND
010 * (B) - (1) 275 GAL. TANK KEROSENE }
003 * (C) - (1) 2500 GAL. TANK..... DIESEL FUEL } - BELOW GROUND
001 * (D) - (1) 1000 GAL. TANK..... UNLEADED GAS }
009 * (E) - (12) 65 GAL. DRUMS.... LUBRICATION FLUIDS - (RACK)
008 * (F) - (1) 300 GAL. TANK..... USED OIL } - ABOVE GROUND
008 * (G) - (1) 275 GAL. TANK..... MOTOR OIL }
(H) - (1) 275 GAL. TANK..... HYDRAULIC OIL }
006 * (J) - (2) 275 GAL. TANKS..... USED OIL }
007 * (K) - (1) 5,847 GAL. TANK..... CHLORINE }
(L) - (1) 82,500 GAL. MOVABLE RAILROAD CAR..... CHLORINE }
(M) - (2) 9,300 GAL. TANKS..... OXYGEN }

* - PERMITTED TANKS

ROTH BROS. SMELTING CO.			
BULK FLUIDS STORAGE TANK LOCATIONS WITH CAPACITIES OF TANKS			
DATE	BY	DATE	BY
05/18/94	D.L.D.	05/18/94	D.L.D.
REVISIONS		BY DATE	
1		1	
976-001			

Clemett AND CO., INC.

Bert



November 3, 1997

Roth Brothers Smelting Corporation
6223 Thompson Road
East Syracuse, New York 13057

Attn: Mr. Neal Schwartz

RE: Tank Testing at Above Location:

Enclosed is Petro-Tite test report covering our test of your 1,000 gallon gas and 2,000 gallon diesel tanks.

This system was tested on October 7, 1997, and tested tight as certified by our report.

Sincerely,
Clemett and Company, Inc.

Wayne Minihkeim

Wayne Minihkeim
Service Manager

Data Chart for Tank System Tightness Test

PLEASE PRINT

Facility ID# 7-437999

Date 10-07-97

1. OWNER	<input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Tank(s)	ROTH BROS. SMELTING CORP. <u>NEAL SCHWARTZ</u> <u>315-463-9500</u> <small>Name Representative Telephone</small> <u>6223 THOMPSON RD. EAST SYRACUSE, N.Y. 13057</u> <small>Address Zip</small>																
2. OPERATOR		<u>SAME</u> <small>Name Address Zip Telephone</small>																
3. REASON FOR TEST (Explain Fully)		<u>COMPANY ENVIRONMENTAL POLICY</u>																
4. WHO REQUESTED TEST AND WHEN		<u>BURT COLEMAN</u> <small>Name Title Company or Affiliation Date</small>																
5. TANK INVOLVED		Identify by Direction <u>EAST</u>	Capacity <u>2000 G.</u>	Brand/Supplier <u>#2 DIESEL FUEL</u>	Grade <u>10 YRS</u>	Approx. Age <u>STEEL</u>												
Use additional lines for manifolded tanks																		
6. INSTALLATION DATA		Location <u>NEXT TO TRUCK SHOP</u> <small>North inside driveway, Rear of station, etc.</small>	Cover <u>CONCRETE</u> <small>Concrete, Black Top, Earth, etc.</small>	Fills <u>3"</u> <small>Size, Tirefill make, Drop tubes, Remote Fills</small>	Vents <u>2"</u> <small>Size, Manifolded</small>	Siphones <u>NONE</u> <small>Which tanks?</small>												
						Pumps <u>SUCTION</u> <small>Suction, Submersible</small>												
7. UNDERGROUND WATER		Depth to the water table from grade <u>BELOW TANK BOTTOM</u> <small>Is the water over the tank? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</small>																
8. FILL-UP ARRANGEMENTS		Tanks to be filled <u>10-6-97</u> Date Arranged by <u>BURT COLEMAN</u> <small>Extra product to "top off" and run tank tester. How and who to provide? Name Telephone</small> Terminal or other contact for notice or inquiry <small>Company Name Telephone</small>																
9. CONTRACTOR, MECHANICS, any other contractor involved		<u>NO OTHER</u>																
10. OTHER INFORMATION OR REMARKS		Additional Information on any items above Officials or others to be advised when testing is in progress or completed. Visitors or observers present during test, etc.																
11. TEST METHOD		<input checked="" type="checkbox"/> PETRO TITE II <input type="checkbox"/> PETRO COMP <input type="checkbox"/> QUICK CHECK 2000																
11a. TEST RESULTS		Tests were made on the above tank systems in accordance with test procedures prescribed for as detailed on attached test charts with results as follows: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Tank Identification</th> <th>Meets Criteria</th> <th>Net Volume Change Per Hour</th> <th>Date Tested</th> </tr> <tr> <td><u>003-DIESEL FUEL TANK</u></td> <td><u>YES</u></td> <td><u>-0.0165 G.P.H</u></td> <td><u>10-07-97</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>					Tank Identification	Meets Criteria	Net Volume Change Per Hour	Date Tested	<u>003-DIESEL FUEL TANK</u>	<u>YES</u>	<u>-0.0165 G.P.H</u>	<u>10-07-97</u>				
Tank Identification	Meets Criteria	Net Volume Change Per Hour	Date Tested															
<u>003-DIESEL FUEL TANK</u>	<u>YES</u>	<u>-0.0165 G.P.H</u>	<u>10-07-97</u>															
12. SENSOR CERTIFICATION <u>10-7-97</u> *Date <u>666</u> Serial No. of Thermal Sensor		13. CONTRACTOR CERTIFICATION Technicians <u>1. Dale W. Wright</u> Certification# <u>031397A 1162</u> 2. _____ Certification # _____ Testing Contractor or Company. By: Signature Address																

FOIL200080

15. DATE 10-07-97 FACILITY ID# 7-437999

15a. TANK TO TEST
NEXT TO TRUCK SHOP
 Identify by position
#2 DIESEL FUEL
 Brand and Grade

16. CAPACITY
 Nominal Capacity 2000 Gallons
 By most accurate capacity chart available 2000 Gallons

Form
☐ Station Chart
☐ Tank Manufacturer's Chart
☐ Company Engineering Data
☒ Charts supplied with Tank Tester
☐ Other

17. FILL-UP FOR TEST

Stick Water Bottom before Fill-up 1/8 in. 1 Gallons 64 in. Tank Diameter

Inventory in Tank 2000 Total Gallons ea. Reading
 Water Bottom -
 Top off equipment +
 Total Quantity 2000

18. SPECIAL CONDITIONS AND PROCEDURES TO TEST THIS TANK

See manual sections applicable. Check below and record procedure in log (28).

Four pound rule does not apply to doublewalled tanks.

Complete section below:

1. Is four pound rule required? Yes ☐ No ☒
2. Height to 12" mark from grade 23 in.
3. Pressure at bottom of tank 4.000 P.S.I.
4. Pressure at top of tank 2.046 P.S.I.

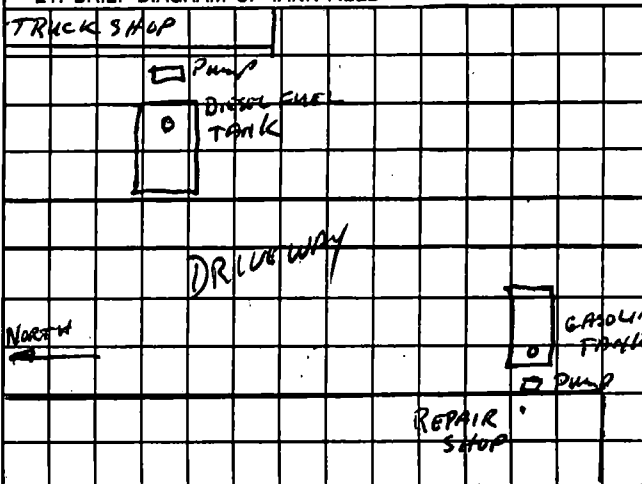
19. TANK MEASUREMENTS FOR TSTT ASSEMBLY

Bottom of tank to grade" 107 in.
 Add 30" for "T" probe assy. 30 in.
 Total tubing to assemble—approximate 137 in.

20. EXTENSION HOSE SETTING

Tank top to grade" 43 in.
 Extend hose on suction tube 6" or more
 below tank top 19 in.
 *If Fill pipe extends above grade, use top of fill.

21. BRIEF DIAGRAM OF TANK FIELD



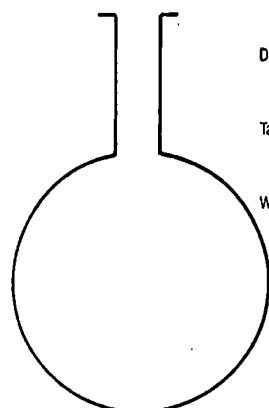
22. VAPOR RECOVERY SYSTEM ☒ NONE Stage II

23. COEFFICIENT OF EXPANSION RECIPROCAL METHOD

Type of Product DIESEL FUEL
 Hydrometer Employed 4 H
 Temperature in Tank After Circulation 64.455 °F
 Temperature of Sample 64.000 °F
 Difference (+/-) +0 °F
 Observed A.P.I. Gravity 36.4
 Reciprocal 2140 Page # 40
2000 + 2140 = 9345.794
 Total quantity in full tank (17) Reciprocal Volume change in this tank per °F
 Transfer to Line 26a.

24. FOR TESTING WITH WATER see Table D

Water Temperature after Circulation from Thermal Sensor _____ °F
 Coefficient of Water Table D _____
 Added Surfactant? ☐ Yes ☐ No Transfer COE to line 25b.



Depth of burial 43 in.
 Tank dia. 64 in.
 Water table to tank bottom BELOW in.

NOTES:

The above calculations are to be used for dry soil conditions to establish a positive pressure advantage, or when using the four pound rule to compensate for the presence of subsurface water in the tank area.

Refer to N.F.P.A. 30, Sections 2-3.2.4 and 2-7.2 and the tank manufacturer regarding allowable system test pressures.

25. (a) 9345.794 × (b) 1000 = (c) 0.009 gallons
 Total quantity in full tank (17) Coefficient of expansion for involved product Volume change in this tank per °F

26. (a) 0.009 + (b) 0.009 = (c) 0.009
 Volume change per °F (25 or 23) Digits per °F in test range Volume change per digit Compute to 4 decimal places. This is test factor(a)

FOIL200081

27. Sensor Calibration DTS-2000		Tag # <u>81-701</u> Reading # <u>81-695</u>		30. HYDROSTATIC PRESSURE CONTROL		31. VOLUME MEASUREMENTS (V) RECORD TO .005 GAL			34. TEMPERATURE COMPENSATION USE FACTOR (a)			38. NET VOLUME CHANGING EACH READING		39. ACCUMULATED CHANGE		40. GRAPH VALUE					
28. LOG OF TEST PROCEDURES Record details of setting up and running test (Use full length of line if needed.)		29. Reading No.		30. Standpipe Level in Inches		32. Product in Graduate Before Reading After Reading		33. Product Replaced (-) Product Recovered (+)		35. Thermal Sensor Reading		36. Change Higher + Lower - (c)		37. Computation (c) x (a) = Expansion + Contraction -		38. Temperature Adjustment Volume Minus Expansion (+) or Contraction (-) #33(V) - #37(T)		39. At Low Level computed Change per Hour		40. PREDICTED CHANGE PER HOUR	
10-7-97																					
0715 ARRIVE AT LOCATION. OPEN PUMP. STICK TANK. CHECK GROUNDWATER. UNLOAD AND INSPECT TEST SYSTEM. TOP OFF TANK FROM DRUM. ASSEMBLE AND INSTALL TEST SYSTEM. FILL, PURGE, REFILL, START CIRC.																					
0815 START PUMP TO CIRC.				48																10009	
0900 CHECK TEMP - LEVEL OFF AT 42"										64.455											
0915 CHECK		1				950 820		-130		478		+23		+0.21		-151					
0930 "		2				820 710		-110		499		+21		+0.19		-129					
0945 "		3				710 620		-090		523		+24		+0.22		-112					
1000 "		4				620 530		-070		549		+26		+0.23		-093					
LOWER TO 12" LEVEL																					
1015 CHECK		1		12		500 490		-010		573		+24		+0.22		-032					
1030 "		2		12		490 490		+000		601		+28		+0.25		-025					
START 5 MINUTE READINGS																					
1035 CHECK		1		12		490 490		+000		610		+9		+0.08		-008					
1040 "		2				490 495		+005		618		+8		+0.07		-002		-010		-060	
1045 "		3				495 500		+005		629		+11		+0.10		-005		-015		-060	
1050 "		4				500 500		+000		640		+11		+0.10		-010		-025		-075	
1055 "		5				500 510		+010		651		+11		+0.10		+000		-025		-060	
1100 "		6				510 515		+005		662		+11		+0.10		-005		-030		-060	
1105 "		7				515 525		+010		672		+10		+0.09		+001		-029		-050	
1110 "		8				525 530		+005		682		+10		+0.09		-004		-033		-050	
1115 "		9				530 540		+010		693		+11		+0.10		+000		-033		-044	
1120 "		10				540 550		+010		705		+12		+0.11		-001		-034		-041	
1125 "		11				550 560		+010		716		+11		+0.10		+000		-034		-037	
1130 "		12				560 565		+005		726		+10		+0.09		-004		-038		-038	

FOIL200082

Data Chart for Tank System Tightness Test

PLEASE PRINT

Facility ID# 7-437999

Date 10-07-97

1. OWNER	Property <input checked="" type="checkbox"/> Tank(s) <input checked="" type="checkbox"/>	ROTH BROS SMELTING CORP. <u>NEAL SCHWARTZ</u> 315-463-9500 315-463-9500 Name Representative Telephone <u>6823 THOMPSON RD. EAST SYRACUSE, N.Y. 13057</u> Address Zip															
2. OPERATOR	Name <u>SAME</u> Address Zip Telephone																
3. REASON FOR TEST (Explain Fully)	<u>COMPANY ENVIRONMENTAL POLICY</u>																
4. WHO REQUESTED TEST AND WHEN	Name <u>BURT COLEMAN</u> Title Company or Affiliation Date Address Zip Telephone																
5. TANK INVOLVED	Identify by Direction <u>WEST</u>	Capacity <u>1000 G.</u>	Brand/Supplier	Grade <u>UNL GASOLINE</u>	Approx. Age <u>10 YRS</u>	Steel <input checked="" type="checkbox"/> Double Wall <input checked="" type="checkbox"/> STEEL											
Use additional lines for manifolded tanks																	
6. INSTALLATION DATA	Location <u>WEST SIDE OF DRIVEWAY</u> North inside driveway, Rear of station, etc.	Cover <u>CONCRETE</u> Concrete, Black Top, Earth, etc.	Fills <u>2"</u> Size, Tirefill make, Drop tubes, Remote Fills	Vents <u>2"</u> Size, Manifolded	Siphones <u>NONE</u> Which tanks?	Pumps <u>SUCTION</u> Suction, Submersible											
7. UNDERGROUND WATER	Depth to the water table from grade <u>Brown</u> Is the water over the tank? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
8. FILL-UP ARRANGEMENTS	Tanks to be filled <u>hr. 10-6-97</u> Date Arranged by <u>BURT COLEMAN</u> Name Telephone Extra product to "top off" and run tank tester. How and who to provide? Terminal or other contact for notice or inquiry Company Name Telephone																
9. CONTRACTOR, MECHANICS, any other contractor involved	<u>NO OTHER</u>																
10. OTHER INFORMATION OR REMARKS	Additional information on any items above Officials or others to be advised when testing is in progress or completed. Visitors or observers present during test, etc.																
11. TEST METHOD	<input checked="" type="checkbox"/> PETRO TITE II <input type="checkbox"/> PETRO COMP <input type="checkbox"/> QUICK CHECK 2000																
11a. TEST RESULTS	Tests were made on the above tank systems in accordance with test procedures prescribed for as detailed on attached test charts with results as follows: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Tank Identification</th> <th>Meets Criteria</th> <th>Net Volume Change Per Hour</th> <th>Date Tested</th> </tr> </thead> <tbody> <tr> <td><u>001 1000 G. GASOLINE</u></td> <td><u>YES</u></td> <td><u>-0.0205 G.P.H.</u></td> <td><u>10-07-97</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>					Tank Identification	Meets Criteria	Net Volume Change Per Hour	Date Tested	<u>001 1000 G. GASOLINE</u>	<u>YES</u>	<u>-0.0205 G.P.H.</u>	<u>10-07-97</u>				
Tank Identification	Meets Criteria	Net Volume Change Per Hour	Date Tested														
<u>001 1000 G. GASOLINE</u>	<u>YES</u>	<u>-0.0205 G.P.H.</u>	<u>10-07-97</u>														
12. SENSOR CERTIFICATION	13. CONTRACTOR CERTIFICATION Technicians 1. <u>Dale Wightman</u> Certification# <u>031397A1162</u> 2. _____ Certification # _____ Testing Contractor or Company. By: Signature Address																
Date <u>Oct. 7, 1997</u> <u>666</u> Serial No. of Thermal Sensor																	

FOIL200084

14. ROTH BROS. SMELTING CORP. 6223 THOMPSON RD. EAST SYRACUSE, N.Y. 13057 10-07-97
Test Location Address No. and Street(s) City State

15. DATE 10-07-97 FACILITY ID# 7-437999
15a. TANK TO TEST FRONT OF SMALL SHOP
Identity by position
UNLEADED GASOLINE
Brand and Grade
16. CAPACITY
Nominal Capacity 1000 Gallons
By most accurate capacity chart available 1000 Gallons
Form
☐ Station Chart
☐ Tank Manufacturer's Chart
☐ Company Engineering Data
☒ Charts supplied with Tank Tester
☐ Other

17. FILL-UP FOR TEST
Stick Water Bottom before Fill-up 0 in. to 1/8" in. 0 Gallons 48 in. Tank Diameter
Total Gallons ea. Reading
Inventory in Tank 1000
Water Bottom -
Top off equipment +
Total Quantity 1000

18. SPECIAL CONDITIONS AND PROCEDURES TO TEST THIS TANK

See manual sections applicable. Check below and record procedure in log (28).

Four pound rule does not apply to doublewalled tanks.

Complete section below:

1. Is four pound rule required? Yes ☐ No ☒

2. Height to 12" mark from grade 49 in.

3. Pressure at bottom of tank 4.000 P.S.I.

4. Pressure at top of tank 2.392 P.S.I.

☐ Water in tank ☐ Line(s) being tested with LVLLT
☐ High water table in tank excavation

19. TANK MEASUREMENTS FOR TSTT ASSEMBLY

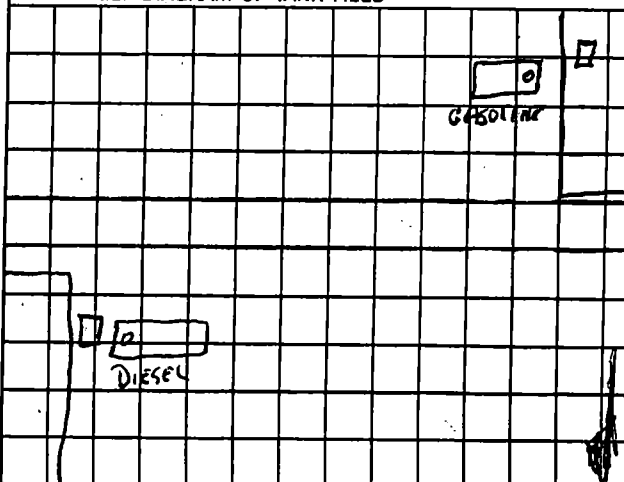
Bottom of tank to grade* 91 in.
Add 30" for "T" probe assy 30 in.
Total tubing to assemble—approximate 121 in.

20. EXTENSION HOSE SETTING

Tank top to grade* 43 in.
Extend hose on suction tube 6" or more below tank top 19 in.

*If Fill pipe extends above grade, use top of fill.

21. BRIEF DIAGRAM OF TANK FIELD



22. VAPOR RECOVERY SYSTEM ☒ Stage I ☐ Stage II

23. COEFFICIENT OF EXPANSION RECIPROCAL METHOD

Type of Product UNLEADED GASOLINE
Hydrometer Employed 7 H
Temperature in Tank After Circulation 65.901 °F
Temperature of Sample 69 °F
Difference (+/-) +3 °F
Observed A.P.I. Gravity 59.4
Reciprocal 1475 Page # 63
1000 + 1475 = .6779661
Total quantity in full tank (17) Reciprocal Volume change in this tank per °F
Transfer to Line 26a.

24. FOR TESTING WITH WATER see Table D

Water Temperature after Circulation from Thermal Sensor _____ °F
Coefficient of Water Table D _____
Added Surfactant? ☐ Yes ☐ No Transfer COE to line 25b.

The above calculations are to be used for dry soil conditions to establish a positive pressure advantage, or when using the four pound rule to compensate for the presence of subsurface water in the tank area.

Refer to N.F.P.A. 30, Sections 2-3.2.4 and 2-7.2 and the tank manufacturer regarding allowable system test pressures.

25. (a) 1000 × (b) .6779661 = (c) .6779661 gallons
Total quantity in full tank (17) Coefficient of expansion for involved product Volume change in this tank per °F
26. (a) .6779661 + 1000 = .0007
Volume change per °F (25 or 23) Digits per °F in test range Volume change per digit Compute to 4 decimal places.

FOIL200085

This is test factor(a)

27. Sensor Calibration DTS-2000		Tag # <u>81.701</u> Reading # <u>81.698</u>		30. HYDROSTATIC PRESSURE CONTROL	31. VOLUME MEASUREMENTS (V) RECORD TO .005 GAL			34. TEMPERATURE COMPENSATION USE FACTOR (a)			38. NET VOLUME CHANGING EACH READING	39. ACCUMULATED CHANGE	40. GRAPH VALUE
28.	LOG OF TEST PROCEDURES Record details of setting up and running test (Use full length of line if needed.)	29. Reading No.	Standpipe	32. Product in Graduate	33. Product Replaced (-)	35. Thermal Sensor Reading	36. Change Higher + Lower - (c)	37. Computation (c) x (a) = Expansion + Contraction -	Temperature Adjustment Volume Minus Expansion (+) or Contraction (-) #33(V) - #37(T)	At Low Level computed Change per Hour X	PREDICTED CHANGE PER HOUR		
TIME 24 hr.			Level in Inches	Before Reading	After Reading	Product Recovered (+)							
INSPECT TEST EQUIP. STICK TANK. PREPARE AIRLINE FOR TEST. TOP OFF TANK FROM DRUM. INSTALL													
TANK TEST SYSTEM. FILL, PURGE AIR, START CIRC.													
1245	START PUMP TO CIRC.		48								0007		
1245	CHECK TEMP - LOWER TO		42				65.901						
1300	CHECK	1		.000	.0040	+0.040	66.009	+108	+0.076	-0.036			
1315	"	2		.040	.080	+0.040	103	+94	+0.066	-0.026			
1330	"	3		.080	.140	+0.060	206	+103	+0.072	-0.012			
1345	"	4		.140	.200	+0.060	307	+101	+0.071	-0.011			
LOWER TO 12" LEVEL													
1400	CHECK	1		.190	.250	+0.060	418	+111	+0.078				
1415	"	2		.250	.315	+0.065	520	+102	+0.071				
START 5 MINUTE READINGS													
1420	CHECK	1		.315	.345	+0.030	556	+36	+0.025	+0.005			
1425	"	2		.345	.370	+0.025	594	+38	+0.027	-0.002	+0.003		
1430	"	3		.370	.390	+0.020	628	+34	+0.024	-0.004	-0.001		
1435	"	4		.390	.405	+0.015	658	+30	+0.021	-0.006	-0.007		
1440	"	5		.405	.425	+0.020	685	+27	+0.019	+0.001	-0.006		
1445	"	6		.425	.440	+0.015	716	+31	+0.022	-0.007	-0.013		
1450	"	7		.440	.460	+0.020	749	+33	+0.023	-0.003	-0.016		
1455	"	8		.460	.480	+0.020	781	+32	+0.022	-0.002	-0.018		
1500	"	9		.480	.510	+0.030	818	+37	+0.026	+0.004	-0.014		
1505	"	10		.510	.530	+0.020	853	+35	+0.025	-0.005	-0.019		
1510	"	11		.530	.550	+0.020	879	+26	+0.018	+0.002	-0.017		
1515	"	12		.550	.565	+0.015	910	+31	+0.022	-0.007	-0.024		
FOIL200086													

[illegible]

1. Net Volume Change at Conclusion of Precision Test 1.00 gph

Signature of Tester:

Date: _____

2. Statement:

☒ Tank and product handling system has been tested tight according to the Precision Test Criteria as established by regulatory agency. This is not intended to indicate permission of a leak.

OR

☐ Tank and product handling system has failed the tank tightness test according to the Precision Test Criteria as established by regulatory agency.

OR

☐ Test invalid due to environmental or mechanical factors beyond control of the testing equipment.

It is the responsibility of the owner and/or operator of this system to immediately advise state and local authorities of any implied hazard and the possibility of any reportable pollution to the environment as a result of the indicated failure of this system. The manufacturer of this test method does not assume any responsibility or liability for any loss of product to the environment.

Tank Owner/Operator _____

Date _____



PETROLEUM BULK STORAGE REGISTRATION CERTIFICATE

NYS DEC - REGION 7
615 ERIE BLVD. W.
SYRACUSE, NY 13204
(315) 426-7519



Page 1 of 1

TANK NUMBER	DATE INSTALLED	TANK TYPE	CAPACITY (GALLONS)	DATE LAST TESTED	TESTING DUE DATE	OWNER
001	06/86	Steel/Carbon Steel	1,000	10/97		ROTH BROS. SMELTING CORP.
003	12/86	Steel/Carbon Steel	2,000	10/97	10/02	6223 THOMPSON RD.
004	10/73	Steel/Carbon Steel	15,000	08/89		EAST SYRACUSE, NY 13057
005	10/73	Steel/Carbon Steel	15,000	08/89		
006	06/70	Steel/Carbon Steel	275			
007	06/70	Steel/Carbon Steel	275			
008	01/85	Steel/Carbon Steel	275			
009	07/93	Steel/Carbon Steel	300			
010	01/85	Steel/Carbon Steel	275			

FILE COPY

* Aboveground tanks require monthly visual inspections and may need documented internal inspections as described in 6NYCRR Pt. 613.

OWNER
ROTH BROS. SMELTING CORP.
6223 THOMPSON RD.
EAST SYRACUSE, NY 13057

SITE
ROTH BROS. SMELTING CORP.
6223 THOMPSON RD.
EAST SYRACUSE, NY 13057

OPERATOR (Name and Telephone Number)
ROTH BROS. SMELTING CORP.
(315) 463-9500

EMERGENCY CONTACT (Name and Telephone Number)
NEAL SCHWARTZ
(315) 463-9500

As an authorized representative of the above named facility, I affirm under penalty of perjury that the information displayed on this form is correct to the best of my knowledge. Additionally, I recognize that I am responsible for assuring that this facility is in compliance with all sections of 6 NYCRR Parts 612, 613 and 614, and applicable sections of 6 NYCRR Subpart 360-14 (used oil tanks only), not just those cited below:

- The facility must be re-registered if there is a transfer of ownership.
- The Department must be notified within 30 days prior to adding, replacing, reconditioning, or permanently closing a stationary tank.
- The facility must be operated in accordance with the code for storing petroleum, 6 NYCRR Part 613.
- Any new facility or substantially modified facility must comply with 6 NYCRR Part 614.
- This certificate must be posted on the premises at all times. Posting must be at the tank, at the entrance of the facility, or the main office where the storage tanks are located.
- Any person with knowledge of a spill, leak or discharge must report the incident to DEC within two hours (1-800-457-7362).

ISSUED BY:
Commissioner John P. Cahill

PETROLEUM BULK STORAGE ID NUMBER
7-437999

DATE ISSUED
03/23/98

EXPIRATION DATE
05/19/03

FEE PAID
\$ 250

MAILING CORRESPONDENCE
NEAL SCHWARTZ
ROTH BROS. SMELTING CORP.
6223 THOMPSON RD.
P.O. BOX 639
EAST SYRACUSE, NY 13057-0639

Signature of Authorized Representative/Owner _____ **Date** _____

Name of Authorized Representative/Owner (Please Print) _____

Title _____

THIS REGISTRATION CERTIFICATE IS NON-TRANSFERABLE

FOIL200088



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF ENVIRONMENTAL REMEDIATION

PETROLEUM BULK STORAGE APPLICATION

Pursuant to the Petroleum Bulk Storage Law,
Article 17, Title 30 of ECL; 6 NYCRR 612-614 and 6 NYCRR, Subpart 360-14
(Continued on the Reverse Side—Please Be Sure to Complete Section B)

Please Type or Print Clearly
and Complete All Items

SECTION A—See Instructions on Cover Sheet



FBS NUMBER 7-437999 Indicate other existing DEC Numbers, if any, for this facility: CBS Number 7-000057 SPDES Number 0-110311	FACILITY	FACILITY NAME ROTH BROS. SMELTING CORP. LOCATION [Not P.O. Boxes] 6223 THOMPSON Rd. N. LOCATION [Continued] <table border="1"> <tr> <td>CITY/TOWN/VILLAGE EAST SYRACUSE</td> <td>STATE NY</td> <td>ZIP CODE 13057</td> </tr> <tr> <td>COUNTY ONONDAGA</td> <td colspan="2">TOWNSHIP OR CITY DEWITT</td> </tr> </table> NAME OF OPERATOR AT FACILITY ROTH BROS. SMELTING CORP. FACILITY TELEPHONE NUMBER (315) 463-9500 EMERGENCY CONTACT NAME NEAL SCHWARTZ EMERGENCY TELEPHONE NO. (315) 463-9500	CITY/TOWN/VILLAGE EAST SYRACUSE	STATE NY	ZIP CODE 13057	COUNTY ONONDAGA	TOWNSHIP OR CITY DEWITT		TYPE OF PETROLEUM FACILITY: (Check all that apply) A. <input type="checkbox"/> Storage Terminal/Petroleum Distributor B. <input type="checkbox"/> Retail Gasoline Sales C. <input type="checkbox"/> Other Retail Sales D. <input checked="" type="checkbox"/> Manufacturing E. <input type="checkbox"/> Utility F. <input type="checkbox"/> Trucking/Transportation G. <input type="checkbox"/> Apartment Building H. <input type="checkbox"/> School I. <input type="checkbox"/> Farm J. <input type="checkbox"/> Private Residence K. <input type="checkbox"/> Airline (Air Taxi) L. <input type="checkbox"/> Other (Specify Below)
CITY/TOWN/VILLAGE EAST SYRACUSE	STATE NY	ZIP CODE 13057							
COUNTY ONONDAGA	TOWNSHIP OR CITY DEWITT								
TRANSACTION TYPE (Check all that apply) NOTE: Transaction Types 1, 2 and 5 may require a fee. 1 <input type="checkbox"/> New Facility 2 <input type="checkbox"/> Change of Ownership 3 <input checked="" type="checkbox"/> Substantial Tank Modification 4 <input type="checkbox"/> Information Correction 5 <input type="checkbox"/> Renewal	OWNER	OWNER NAME ADDRESS (Street and/or PO Box) CITY STATE ZIP CODE FEDERAL TAX ID NUMBER OWNER TELEPHONE NUMBER TYPE OF OWNER (Check only one) 1 <input type="checkbox"/> Private Resident 2 <input type="checkbox"/> State Government 3 <input type="checkbox"/> Local Government 4 <input type="checkbox"/> Federal Government 5 <input type="checkbox"/> Corporate/Commercial	I hereby certify under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law. NAME OF OWNER OR AUTHORIZED REPRESENTATIVE Neal Schwartz TITLE Vice-President SIGNATURE DATE 5/4/98						
Geographical Locator for this Facility: (if known) LATITUDE: 42 57 01 N DEG MIN SEC LONGITUDE: 76 04 00 W DEG MIN SEC	CORRESPONDENCE	ATTENTION NAME OF COMPANY ADDRESS ADDRESS CITY/STATE/ZIP CODE TELEPHONE NUMBER ()	OFFICIAL USE ONLY Page _____ of _____ Date Received: 7/3/98 Date Processed: 7/30/98 Amount Received \$ _____ Reviewed By: EQUL 200080						

Tank Information for Petroleum Bulk Storage Facility
SECTION B—See Instructions on Cover Sheet

Action	Tank Number	Tank Location	Status	Installation	Capacity (Gallons)	Product Stored	Tank Type	Tank Internal Protection	Tank External Protection	Piping Location	Piping Type	Piping Internal Protection	Piping External Protection	Secondary Containment	Tank Retention	Spill/Overfill Prevention	Disposal	Last Test Date	
				Permit/Change														Date	(Underground Tanks)
				0798															
3	001	43	3	0798	1,000	210	000	210	000	02	09	06	210	97					
3	003	43	3	0798	2,000	610	000	210	000	00	09	06	210	97					

KEY FOR SECTION B
ACTION

- Initial Listing
- Add Tank
- Close/Remove Tank
- Information Correction
- Recondition/Repair/
Relieve Tank

TANK LOCATION

- Aboveground
- Aboveground on saddles,
logs, skids, rock, or cradle
- Aboveground: 10% or
more below ground
- Underground
- Underground, vaulted,
with access

STATUS

- In-service
- Temporarily out-of-service
- Closed—Removed
- Closed—In Place
- Tank Converted to
Non-Regulated Use

PRODUCT STORED

- Empty
- Leaded Gasoline
- Unleaded Gasoline
- Nos. 1, 2, or 4 Fuel Oil
- Nos. 5 or 6 Fuel Oil
- Kerosene
- Diesel
- Lube Oil
- Other

TANK TYPE

- Steel/Carbon Steel
- Stainless Steel Alloy
- Concrete
- Fiberglass Coated Steel
- Fiberglass Reinforced
Plastic (FRP)
- Equivalent Technology
- Other*

PIPING TYPE

- None
- Steel/Iron
- Galvanized Steel
- Fiberglass (FRP)
- Copper
- Other*

INTERNAL PROTECTION: Tank/Piping

- None
- Epoxy Liner
- Rubber Liner
- Fiberglass Liner (FRP)
- Glass Liner
- Other*

EXTERNAL PROTECTION: Tank/Piping

- None
- Painted/Asphalt Coating
- Sacrificial Anode
- Impressed Current
- Fiberglass
- Jacketed
- Wrapped (Piping)
- Other*

PIPING DISCREPANCY

- None
- Aboveground
- Underground
- Aboveground/
Underground Combination

SECONDARY CONTAINMENT

- None
- Vault
- Double-Walled Tank
- Excavation Liner
- Cut-off Walls
- Impermeable Underlayment
- Earthen Dike
- Prefabricated Steel Dike
- Concrete Dike
- Synthetic Liner
- Natural Liner
- Other*

TANK DETECTION

- None
- Interstitial Monitoring
- Vapor Well
- Groundwater Well
- In-Tank System
- Concrete Pad w/channels
- Double Bottom
- Other*

SPILL/OVERFILL PREVENTION

- None
- Float Vent Valve
- High Level Alarm
- Automatic Shut-off
- Product Level Gauge
- Catch Basin
- Void Whistle
- Other*

DISPOSAL

- Submersible
- Suction
- Gravity

* If other, please list on separate sheet including Tank Number

Clemett & Co.
Syracuse, N.Y. 13211
315-454-4435

(July 8th - 1998)
~~June 8th~~
~~May 8th, 1998~~
ON SITE: 8:00 A.M.

Job # 98160

PO # 9170-2 (Complete before June 26th)
ROTH BROTHERS, SMELTING CORP.
Tank Removal & Installation Project.

Client: Roth Brothers
6223 Thompson Rd.
P.O. Box 639
E. Syracuse, N.Y. 13057-0639

Contact: Mr. Burt Coleman
315-463-9500

437 999

Site: Same as Client

County: Onondaga
Town: E. Syracuse
Inst Rd: Exeter Rd.

(7/6 - 7/13)

Work: **Removal:** (1) 1000 gallon gas and (1) 2000 gal diesel underground tanks.
- Tanks to have 300 gals or less combined remaining prior to our arrival.
- Pump & purge tanks and lines.
- Excavate to top of tanks.
- Disconnect all lines & drain
- Open tanks and environmentally clean.
- Dispose of non-hazardous tank fluids (Est: 300 gals)
- Excavate & remove tanks.
- Dispose of tanks.
- Backfill excavation to grade and compact (paving not included)
- Site restoration to original condition.
- Sampling & Tank Report per NYS DEC requirements.

8:00 AM

Installation: (1) 1000 gallon and (1) 2000 gallon Hopper tanks on concrete pad
- Pad to be 10' x 20' x 6" thick
- Provide & Install new pump and new island 4' x 6' x 8"
- Provide & Install Fire Suppression system
- Provide & Install Bollard Posts 4' ft. on center 8" high on 3 sides (Est: 14' 8")
- Provide & Install Drive Mat (1) 10' x 12' x 6"

Permit: Contacted the Town of Dewitt: 315-446-3768. Permit application filled out on 5/4/98
Called to check 5/14/98, 6/5/98.

Sampling & Report CES, Inc.

U.E.P.O.: 1-800-962-7962 contacted 6/5/98 with file #213/330 for start date of 6/10/98 Legal.
7/7/98 - to meet crew on site 7/18/98 2159016.

SPILL HOTLINE # Call 1-800-457-7362 if contamination get Spill #

NYS DEC # 426-2653 (FAX 7/7/98)



PETROLEUM BULK STORAGE REGISTRATION CERTIFICATE

NYS DEC - REGION 7
615 ERIE BLVD. W.
SYRACUSE, NY 13204
(315) 426-7519



Page 1 of 1

TANK NUMBER	DATE INSTALLED	TANK TYPE	CAPACITY (GALLONS)	DATE LAST TESTED	TESTING DUE DATE		OWNER
004	10/73	Steel/Carbon Steel	15,000	08/89		*	ROTH BROS. SMELTING CORP.
005	10/73	Steel/Carbon Steel	15,000	08/89		*	6223 THOMPSON RD.
006	06/70	Steel/Carbon Steel	275			*	EAST SYRACUSE, NY 13057
007	06/70	Steel/Carbon Steel	275			*	
008	01/85	Steel/Carbon Steel	275			*	
009	07/93	Steel/Carbon Steel	300			*	
010	01/85	Steel/Carbon Steel	275			*	

FILE COPY

SITE
ROTH BROS. SMELTING CORP.
6223 THOMPSON RD.
EAST SYRACUSE, NY 13057

OPERATOR (Name and Telephone Number)
ROTH BROS. SMELTING CORP.
(315) 463-9500

EMERGENCY CONTACT (Name and Telephone Number)
NEAL SCHWARTZ
(315) 463-9500

As an authorized representative of the above named facility, I affirm under penalty of perjury that the information displayed on this form is correct to the best of my knowledge. Additionally, I recognize that I am responsible for assuring that this facility is in compliance with all sections of 6 NYCRR Parts 612, 613 and 614, and applicable sections of 6 NYCRR Subpart 360-14 (used oil tanks only), not just those cited below:

- The facility must be re-registered if there is a transfer of ownership.
- The Department must be notified within 30 days prior to adding, replacing, reconditioning, or permanently closing a stationary tank.
- The facility must be operated in accordance with the code for storing petroleum, 6 NYCRR Part 613.
- Any new facility or substantially modified facility must comply with 6 NYCRR Part 614.
- **This certificate must be posted on the premises at all times.** Posting must be at the tank, at the entrance of the facility, or the main office where the storage tanks are located.
- Any person with knowledge of a spill, leak or discharge must report the incident to DEC within two hours (1-800-457-7362).

ISSUED BY:
Commissioner John P. Cahill

PETROLEUM BULK STORAGE ID NUMBER
7-437999

DATE ISSUED 08/06/98 **EXPIRATION DATE** 05/19/03

FEE PAID \$ 250

MAILING CORRESPONDENCE
NEAL SCHWARTZ
ROTH BROS. SMELTING CORP.
6223 THOMPSON RD.
P.O. BOX 639
EAST SYRACUSE, NY 13057-0639

Signature of Authorized Representative/Owner _____ **Date** _____

Name of Authorized Representative/Owner (Please Print) _____

Title _____

THIS REGISTRATION CERTIFICATE IS NON-TRANSFERABLE

FOIL200092

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF ENVIRONMENTAL REMEDIATION

PETROLEUM BULK STORAGE APPLICATION

Pursuant to the Petroleum Bulk Storage Law,
Article 17, Title 10 of ECL; 6 NYCRR 612-614 and 6 NYCRR, Subpart 360-14
(Continued on the Reverse Side—Please Be Sure to Complete Section B)

Please Type or Print Clearly
and Complete All Items

SECTION A—See Instructions on Cover Sheet

FBS NUMBER 7-437999 Indicate other existing DEC Numbers, if any, for this facility: CBS Number 7-000057 SPDES Number 0110311	FACILITY	FACILITY NAME ROTH BROS. SMELTING CORP. LOCATION (Not P.O. Boxes) 6223 THOMPSON ROAD LOCATION (Continued) <table border="1"> <tr> <td>CITY/TOWN/VILLAGE E. SYRACUSE</td> <td>STATE NY</td> <td>ZIP CODE 13057</td> </tr> <tr> <td>COUNTY ONONDAGA</td> <td colspan="2">TOWNSHIP OR CITY</td> </tr> </table>	CITY/TOWN/VILLAGE E. SYRACUSE	STATE NY	ZIP CODE 13057	COUNTY ONONDAGA	TOWNSHIP OR CITY		TYPE OF PETROLEUM FACILITY: (Check all that apply) A. <input type="checkbox"/> Storage Terminal/Petroleum Distributor B. <input type="checkbox"/> Retail Gasoline Sales C. <input type="checkbox"/> Other Retail Sales D. <input checked="" type="checkbox"/> Manufacturing E. <input type="checkbox"/> Utility F. <input type="checkbox"/> Trucking/Transportation G. <input type="checkbox"/> Apartment Building H. <input type="checkbox"/> School I. <input type="checkbox"/> Farm J. <input type="checkbox"/> Private Residence K. <input type="checkbox"/> Airline (Air Taxi) L. <input type="checkbox"/> Other (Specify Below)				
CITY/TOWN/VILLAGE E. SYRACUSE		STATE NY	ZIP CODE 13057										
COUNTY ONONDAGA	TOWNSHIP OR CITY												
TRANSACTION TYPE (Check all that apply) NOTE: Transaction Types 1, 2 and 5 may require a fee. Initial/ 1 <input type="checkbox"/> New Facility Change of 2 <input type="checkbox"/> Ownership Substantial 3 <input checked="" type="checkbox"/> Tank Modification Information 4 <input checked="" type="checkbox"/> Correction 5 <input type="checkbox"/> Renewal	OWNER	NAME OF OPERATOR AT FACILITY NEAL SCHWARTZ EMERGENCY CONTACT NAME BURT COLEMAN FACILITY TELEPHONE NUMBER (315) 463-9500 EMERGENCY TELEPHONE NO. (315) 463-9506 OWNER NAME PHILIP SERVICES CORP ADDRESS (Street and/or PO Box) 100 King St. West- 22nd Floor <table border="1"> <tr> <td>CITY HAMILTON ONTARIO CANADA</td> <td>STATE</td> <td>ZIP CODE L8N 4J6</td> </tr> <tr> <td>FEDERAL TAX ID NUMBER 15-0433570</td> <td colspan="2">OWNER TELEPHONE NUMBER 905 , 521-1600</td> </tr> </table> TYPE OF OWNER (Check only one) 1 <input type="checkbox"/> Private Resident 2 <input type="checkbox"/> State Government 3 <input type="checkbox"/> Local Government 4 <input type="checkbox"/> Federal Government 5 <input checked="" type="checkbox"/> Corporate/Commercial	CITY HAMILTON ONTARIO CANADA	STATE	ZIP CODE L8N 4J6	FEDERAL TAX ID NUMBER 15-0433570	OWNER TELEPHONE NUMBER 905 , 521-1600		I hereby certify under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law. <table border="1"> <tr> <td>NAME OF OWNER OR AUTHORIZED REPRESENTATIVE NEAL SCHWARTZ</td> <td>AMOUNT ENCLOSED \$</td> </tr> <tr> <td>TITLE VICE PRESIDENT</td> <td>DATE 8/19/98</td> </tr> </table>	NAME OF OWNER OR AUTHORIZED REPRESENTATIVE NEAL SCHWARTZ	AMOUNT ENCLOSED \$	TITLE VICE PRESIDENT	DATE 8/19/98
CITY HAMILTON ONTARIO CANADA		STATE	ZIP CODE L8N 4J6										
FEDERAL TAX ID NUMBER 15-0433570	OWNER TELEPHONE NUMBER 905 , 521-1600												
NAME OF OWNER OR AUTHORIZED REPRESENTATIVE NEAL SCHWARTZ	AMOUNT ENCLOSED \$												
TITLE VICE PRESIDENT	DATE 8/19/98												
Geographical Locator for this Facility: (If known) LATITUDE: <table border="1"> <tr> <td>DEG</td> <td>MIN</td> <td>SEC</td> </tr> </table> LONGITUDE: <table border="1"> <tr> <td>DEG</td> <td>MIN</td> <td>SEC</td> </tr> </table>	DEG	MIN	SEC	DEG	MIN	SEC	CORRESPONDENCE	ATTENTION NEAL SCHWARTZ NAME OF COMPANY ROTH BROS. SMELTING CORP ADDRESS 6223 THOMPSON ROAD ADDRESS CITY/STATE/ZIP CODE E. SYRACUSE, NY 13057-0639 TELEPHONE NUMBER (315) 463-9500	OFFICIAL USE ONLY Page _____ of 9,298 Date Received: 9,298 Date Processed: 9,3,98 Amount Received \$ _____ Reviewed By: _____ FOIL200093				
DEG	MIN	SEC											
DEG	MIN	SEC											

AUG-17-1998 12:45

SPILL RESPONSE REG 7 SYR.

315 426 2653 P. 02/06

7-437999

Page ____ of ____

12-48 OCT-17-2011

א.י.כ. (מכאן נשתנה הליך)

התאחדות העובדים

ACTION

1. Initial Listing
2. Add Tank
3. Close/Remove Tank
4. Information Correction
5. Recondition/Repair/
Refine Tank

1. Aboveground
2. Aboveground on saddles, legs, slits, rack, or cradle
3. Aboveground: 10% or more below ground
4. Underground
5. Underground, vaulted, with access

1. In-service
2. Temporarily out-of-service
3. Closed—Removed
4. Closed—In Place
5. Tank Converted to Non-Regulated Use

0. Empty
1. Leaded Gasoline
2. Unleaded Gasoline
3. Nos. 1, 2, or 4 Fuel Oil
4. Nos. 5 or 6 Fuel Oil
5. Kerosene
6. Diesel
- A. Lube Oil
- B. ~~Unleaded Gasoline~~ Used Oil
- C. Used Oil
9. Other

1. Steel/Carbon Steel
2. Stainless Steel Alloy
3. Concrete
4. Fiberglass Coated Steel
5. Fiberglass Reinforced Plastic (FRP)
6. Equipment Technology

0. None
1. Steel/Iron
2. Galvanized Steel
3. Fiberglass (FRP)
4. Copper
9. Other*

• If other, please list on separate sheet including Tonk Number

0. None
1. Epoxy Liner
2. Rubber Liner
3. Fiberglass Liner (FRP)
4. Glass Liner
9. Other*

0. None
1. Painted/Asphalt Coating
2. Sacrificial Anode
3. Impressed Current
4. Fiberglass
5. Jacketed
6. Wrapped (Piping)
9. Other*

0. None
1. Aboveground
2. Underground
3. Aboveground/
Underground Combination

1. Vault
2. Double-Walled Tank
3. Excavation Liner
4. Cut-off Walls
5. Impervious Underlayment
6. Earthen Dike
7. Prefabricated Steel Dike
8. Concrete Dike
- A. Synthetic Liner
- B. Natural Liner
9. Other*

0. None
1. Interstitial Monitoring
2. Vapor Well
3. Groundwater Well
4. In-Tank System
5. Concrete Pad w/channels
6. Double Bottom
9. Other

0. None
1. Float Vent Valve
2. High Level Alarm
3. Automatic Shut-off
4. Product Level Gauge
5. Catch Basin
6. Vent Whistle
9. Other*

1. Submersible
2. Suction
3. Gravity



PETROLEUM BULK STORAGE REGISTRATION CERTIFICATE

NYS DEC - REGION 7
615 ERIE BLVD. W.
SYRACUSE, NY 13204
(315) 426-7519



Page 1 of 1

TANK NUMBER	DATE INSTALLED	TANK TYPE	CAPACITY (GALLONS)	DATE LAST TESTED	TESTING DUE DATE	OWNER
004	10/73	Steel/Carbon Steel	15,000	08/89	*	PHILIP SERVICES CORP. 100 KING ST. W.-22ND FLOOR HAMILTON, ONT 13057
005	10/73	Steel/Carbon Steel	15,000	08/89	*	
006	06/70	Steel/Carbon Steel	275		*	SITE ROTH BROS. SMELTING CORP. 6223 THOMPSON RD. EAST SYRACUSE, NY 13057
007	06/70	Steel/Carbon Steel	275		*	
008	01/85	Steel/Carbon Steel	275		*	OPERATOR (Name and Telephone Number) NEAL SCHWARTZ (315) 463-9500
009	07/93	Steel/Carbon Steel	300		*	
010	01/85	Steel/Carbon Steel	275		*	EMERGENCY CONTACT (Name and Telephone Number) BURT COLEMAN (315) 463-9506
011	07/98	Steel/Carbon Steel	2,000		*	
012	07/98	Steel/Carbon Steel	1,000		*	As an authorized representative of the above named facility, I affirm under penalty of perjury that the information displayed on this form is correct to the best of my knowledge. Additionally, I recognize that I am responsible for assuring that this facility is in compliance with all sections of 6 NYCRR Parts 612, 613 and 614, and applicable sections of 6 NYCRR Subpart 360-14 (used oil tanks only), not just those cited below: <ul style="list-style-type: none"> The facility must be re-registered if there is a transfer of ownership. The Department must be notified within 30 days prior to adding, replacing, reconditioning, or permanently closing a stationary tank. The facility must be operated in accordance with the code for storing petroleum, 6 NYCRR Part 613. Any new facility or substantially modified facility must comply with 6 NYCRR Part 614. This certificate must be posted on the premises at all times. Posting must be at the tank, at the entrance of the facility, or the main office where the storage tanks are located. Any person with knowledge of a spill, leak or discharge must report the incident to DEC within two hours (1-800-457-7362).

FILE COPY

* Aboveground tanks require monthly visual inspections and may need documented internal inspections as described in 6NYCRR Pt. 613.

ISSUED BY: Commissioner John P. Cahill	MAILING CORRESPONDENCE NEAL SCHWARTZ ROTH BROS. SMELTING CORP. 6223 THOMPSON RD. EAST SYRACUSE, NY 13057-0639
PETROLEUM BULK STORAGE ID NUMBER 7-437999	
DATE ISSUED 09/21/98	EXPIRATION DATE 05/19/03
FEE PAID \$ 250	

Signature of Authorized Representative/Owner _____ Date _____

Name of Authorized Representative/Owner (Please Print) _____

_____ Title _____

THIS REGISTRATION CERTIFICATE IS NON-TRANSFERABLE

FOIL200095



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF ENVIRONMENTAL REMEDIATION

PETROLEUM BULK STORAGE APPLICATION

Pursuant to the Petroleum Bulk Storage Law,
Article 17, Title 10 of ECL; 6 NYCRR 612-614 and 6 NYCRR, Subpart 360-14
(Continued on the Reverse Side—Please Be Sure to Complete Section B)

Please Type or Print Clearly
and Complete All Items

SECTION A—See Instructions on Cover Sheet



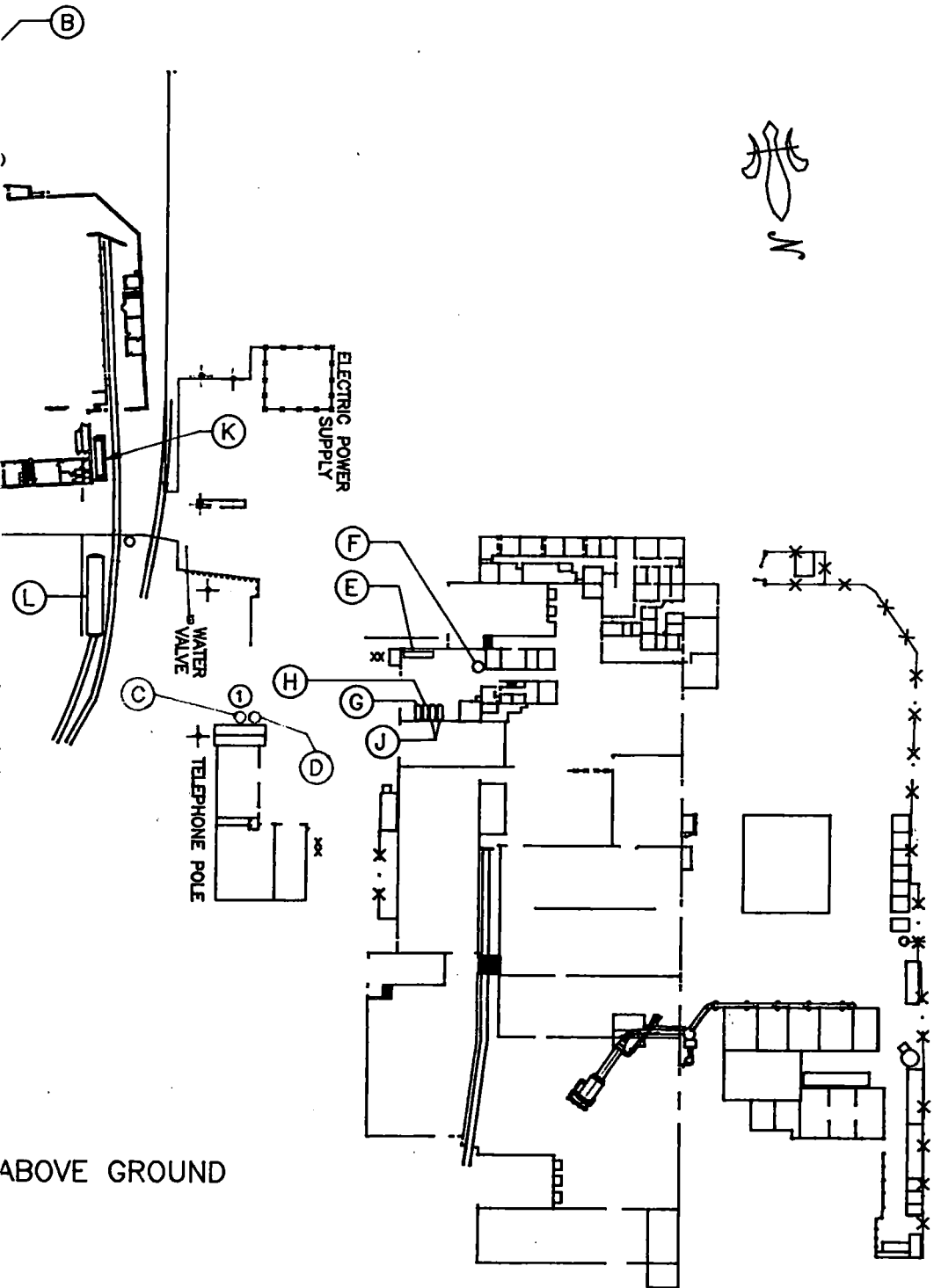
PBS NUMBER 7-437999 Indicate other existing DEC Numbers, if any, for this facility: CBS Number 7-000057 SPDES Number 0110311	FACILITY	FACILITY NAME Wabash Alloys LOCATION (Not P.O. Boxes) 6223 Thompson Road LOCATION (Continued) CITY/TOWN/VILLAGE E. Syracuse STATE NY ZIP CODE 13057 COUNTY Onondaga TOWNSHIP OR CITY Dewitt NAME OF OPERATOR AT FACILITY Wabash Alloys FACILITY TELEPHONE NUMBER (315) 463-9500 EMERGENCY CONTACT NAME Robert Hubbert EMERGENCY TELEPHONE NO. (315) 463-9500	TYPE OF PETROLEUM FACILITY: (Check all that apply) A. <input type="checkbox"/> Storage Terminal/Petroleum Distributor B. <input type="checkbox"/> Retail Gasoline Sales C. <input type="checkbox"/> Other Retail Sales D. <input checked="" type="checkbox"/> Manufacturing E. <input type="checkbox"/> Utility F. <input type="checkbox"/> Trucking/Transportation G. <input type="checkbox"/> Apartment Building H. <input type="checkbox"/> School I. <input type="checkbox"/> Farm J. <input type="checkbox"/> Private Residence K. <input type="checkbox"/> Airline (Air Taxi) L. <input type="checkbox"/> Other (Specify Below)	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>MAR 15 1999</p> </div> <p>DEPT. OF ENV. CONSERVATION SPILL RESPONSE</p>			
TRANSACTION TYPE (Check all that apply) NOTE: Transaction Types 1, 2 and 5 may require a fee. Initial/ 1 <input type="checkbox"/> New Facility Change of 2 <input checked="" type="checkbox"/> Ownership Substantial 3 <input type="checkbox"/> Tank Modification Information 4 <input type="checkbox"/> Correction 5 <input type="checkbox"/> Renewal	OWNER	OWNER NAME Wabash Aluminum Alloys, L.L.C. ADDRESS (Street and/or PO Box) P.O. Box 639 CITY East Syracuse STATE NY ZIP CODE 13057 FEDERAL TAX ID NUMBER 04-3444158 OWNER TELEPHONE NUMBER (315) 463-9500 TYPE OF OWNER (Check only one) 1 <input type="checkbox"/> Private Resident 2 <input type="checkbox"/> State Government 3 <input type="checkbox"/> Local Government 4 <input type="checkbox"/> Federal Government 5 <input checked="" type="checkbox"/> Corporate/Commercial	I hereby certify under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law. <table border="1" style="width: 100%;"> <tr> <td>NAME OF OWNER OR AUTHORIZED REPRESENTATIVE Ron Marchbanks</td> <td>AMOUNT ENCLOSED \$250.00</td> </tr> </table> TITLE Plant Manager SIGNATURE <i>Ron Marchbanks</i> DATE 2/22/99		NAME OF OWNER OR AUTHORIZED REPRESENTATIVE Ron Marchbanks	AMOUNT ENCLOSED \$250.00	
NAME OF OWNER OR AUTHORIZED REPRESENTATIVE Ron Marchbanks	AMOUNT ENCLOSED \$250.00						
Geographical Locator for this Facility: (If known) LATITUDE: <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; width: 20px; text-align: center;">4</div> <div style="display: inline-block; width: 20px; text-align: center;">2</div> <div style="display: inline-block; width: 20px; text-align: center;">57</div> <div style="display: inline-block; width: 20px; text-align: center;">00</div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> DEG MIN SEC </div> LONGITUDE: <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; width: 20px; text-align: center;">76</div> <div style="display: inline-block; width: 20px; text-align: center;">04</div> <div style="display: inline-block; width: 20px; text-align: center;">00</div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> DEG MIN SEC </div>	CORRESPONDENCE	<table border="1" style="width: 100%;"> <tr> <td colspan="2"> ATTENTION Robert Hubbert NAME OF COMPANY Wabash Aluminum Alloys, L.L.C. ADDRESS 6223 Thompson Road ADDRESS P.O. Box 639 CITY/STATE/ZIP CODE East Syracuse, NY 13057 TELEPHONE NUMBER (315) 463-9500 </td> <td> OFFICIAL USE ONLY Page _____ of _____ Date Received: 3/15/99 Date Processed: 3/16/99 Amount Received \$ 250 Reviewed By: <i>[Signature]</i> </td> </tr> </table>			ATTENTION Robert Hubbert NAME OF COMPANY Wabash Aluminum Alloys, L.L.C. ADDRESS 6223 Thompson Road ADDRESS P.O. Box 639 CITY/STATE/ZIP CODE East Syracuse, NY 13057 TELEPHONE NUMBER (315) 463-9500		OFFICIAL USE ONLY Page _____ of _____ Date Received: 3/15/99 Date Processed: 3/16/99 Amount Received \$ 250 Reviewed By: <i>[Signature]</i>
ATTENTION Robert Hubbert NAME OF COMPANY Wabash Aluminum Alloys, L.L.C. ADDRESS 6223 Thompson Road ADDRESS P.O. Box 639 CITY/STATE/ZIP CODE East Syracuse, NY 13057 TELEPHONE NUMBER (315) 463-9500		OFFICIAL USE ONLY Page _____ of _____ Date Received: 3/15/99 Date Processed: 3/16/99 Amount Received \$ 250 Reviewed By: <i>[Signature]</i>					

7-437999

Page 1 of 1

KEY FOR SECTION B		STATUS	TANK TYPE	INTERNAL PROTECTION: Tank/Piping	PIPING LOCATION	LEAK DETECTION	SPILL/OVERFILL PREVENTION
ACTION		1. In-service	1. Steel/Carbon Steel	0. None	0. None	0. None	0. None
1. Initial Listing		2. Temporarily out-of-service	2. Stainless Steel Alloy	1. Epoxy Liner	1. Aboveground	1. Interstitial Monitoring	1. Float Vent Valve
2. Add Tank		3. Closed—Removed	3. Concrete	2. Rubber Liner	2. Underground	2. Vapor Well	2. High Level Alarm
3. Close/Remove Tank		4. Closed—In Place	4. Fiberglass Coated Steel	3. Fiberglass Liner (FRP)	3. Aboveground/ Underground Combination	3. Groundwater Well	3. Automatic Shut-off
4. Information Correction		5. Tank Converted to Non-Regulated Use	5. Fiberglass Reinforced Plastic (FRP)	4. Glass Liner		4. In-Tank System	4. Product Level Gauge
5. Recondition/Repair/ Reline Tank			6. Equivalent Technology	9. Other*	SECONDARY CONTAINMENT	5. Concrete Pad w/channels	5. Catch Basin
TANK LOCATION		PRODUCT STORED	9. Other*	EXTERNAL PROTECTION: Tank/Piping	0. None	6. Double Bottom	6. Vent Whistle
1. Aboveground		0. Empty	PIPING TYPE	0. None	1. Vault	9. Other*	9. Other*
2. Aboveground on saddles, legs, stilts, rack, or cradle		1. Leaded Gasoline	0. None	1. Painted/Asphalt Coating	2. Double-Walled Tank		DISPENSER
3. Aboveground: 10% or more below ground		2. Unleaded Gasoline	1. Steel/Iron	2. Sacrificial Anode	3. Excavation Liner		1. Submersible
4. Underground		3. Nos. 1, 2, or 4 Fuel Oil	2. Galvanized Steel	3. Impressed Current	4. Cut-off Walls		2. Suction
5. Underground, vaulted, with access		4. Nos. 5 or 6 Fuel Oil	3. Fiberglass (FRP)	4. Fiberglass	5. Impervious Underlayment		3. Gravity
		5. Kerosene	4. Copper	5. Jacketed	6. Earthen Dike		
		6. Diesel	9. Other*	6. Wrapped (Piping)	7. Prefabricated Steel Dike		
		A. Lube Oil		9. Other*	8. Concrete Dike		
		B. Used Oil (fuel)			A. Synthetic Liner		
		C. Used Oil			B. Natural Liner		
		9. Other*			9. Other*		

* If other, please list on separate sheet including Tank Number



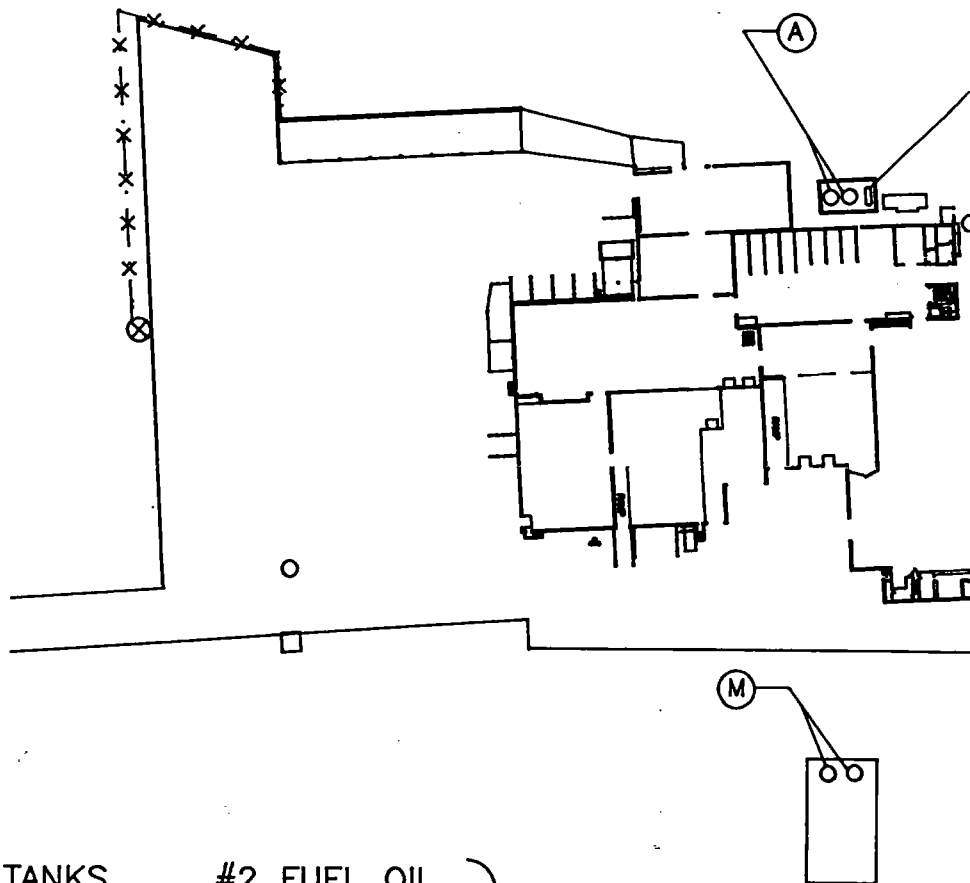
ABOVE GROUND

File with PBS
7-437999,

14.

REVISION	BY	DATE
①	JEK	02/19/89
xx	JEK	02/19/89
LTR		

WABASH ALUMINUM ALLOY <small>CHICAGO, ILL.</small> BULK FLUIDS STORAGE TANK LOCATIONS WITH CAPACITIES OF TANKS							
PLAT. NO.	1-162	NO.	08	REV.	16	SHT.	1 OF 1
DESIGN BY	D.L.D.	DATE	08	16	84	STATUS:	AS-BUILT <input checked="" type="checkbox"/> REVISION <input type="checkbox"/> CORRECTION <input type="checkbox"/>
APPROV. BY		DATE				976-001A	



- 004 > * (A) - (2) 15,000 GAL. TANKS.....#2 FUEL OIL } - ABOVE GROUND
 005 > * (B) - (1) 275 GAL. TANK KEROSENE }
 010 > * (C) - (1) 2000 GAL. TANK..... DIESEL FUEL } - ABOVE GROUND
 011 > * (D) - (1) 1000 GAL. TANK..... UNLEADED GAS }
 012 > (E) - (12) 65 GAL. DRUMS.... LUBRICATION FLUIDS - (RACK)
 009 > * (F) - (1) 300 GAL. TANK..... USED OIL
 008 > * (G) - (1) 275 GAL. TANK..... MOTOR OIL
 (H) - (1) 275 GAL. TANK..... HYDRAULIC OIL
 006 > * (J) - (2) 275 GAL. TANKS..... USED OIL
 007 > * (K) - (1) 5,847 GAL. TANK..... CHLORINE
 (L) - (1) 82,500 GAL. MOVABLE RAILROAD CAR..... CHLORINE
 (M) - (2) 9,300 GAL. TANKS..... OXYGEN

* - PERMITTED TANKS



PETROLEUM BULK STORAGE REGISTRATION CERTIFICATE

NYS DEC - REGION 7
615 ERIE BLVD. W.
SYRACUSE, NY 13204
(315) 426-7519



Page 1 of 1

TANK NUMBER	DATE INSTALLED	TANK TYPE	CAPACITY (GALLONS)	DATE LAST TESTED	TESTING DUE DATE		OWNER
004	10/73	Steel/Carbon Steel	15,000	08/89		*	WABASH ALUMINUM ALLOYS, L.L.C.
005	10/73	Steel/Carbon Steel	15,000	08/89		*	P.O. BOX 639
006	06/70	Steel/Carbon Steel	275			*	E. SYRACUSE, NY 13057
007	06/70	Steel/Carbon Steel	275			*	
008	01/85	Steel/Carbon Steel	275			*	
009	07/93	Steel/Carbon Steel	300			*	
010	01/85	Steel/Carbon Steel	275			*	
011	07/98	Steel/Carbon Steel	2,000			*	
012	07/98	Steel/Carbon Steel	1,000			*	
							SITE
							WABASH ALLOYS 6223 THOMPSON RD. E. SYRACUSE, NY 13057
							OPERATOR (Name and Telephone Number)
							WABASH ALLOYS (315) 463-9500
							EMERGENCY CONTACT (Name and Telephone Number)
							ROBERT HUBBERT (315) 463-9500
							As an authorized representative of the above named facility, I affirm under penalty of perjury that the information displayed on this form is correct to the best of my knowledge. Additionally, I recognize that I am responsible for assuring that this facility is in compliance with all sections of 6 NYCRR Parts 612, 613 and 614, and applicable sections of 6 NYCRR Subpart 360-14 (used oil tanks only), not just those cited below:
							<ul style="list-style-type: none"> The facility must be re-registered if there is a transfer of ownership. The Department must be notified within 30 days prior to adding, replacing, reconditioning, or permanently closing a stationary tank. The facility must be operated in accordance with the code for storing petroleum, 6 NYCRR Part 613. Any new facility or substantially modified facility must comply with 6 NYCRR Part 614. This certificate must be posted on the premises at all times. Posting must be at the tank, at the entrance of the facility, or the main office where the storage tanks are located. Any person with knowledge of a spill, leak or discharge must report the incident to DEC within two hours (1-800-457-7362).
ISSUED BY:			MAILING CORRESPONDENCE				
Commissioner John P. Cahill			ROBERT HUBBERT				
PETROLEUM BULK STORAGE ID NUMBER			WABASH ALUMINUM ALLOYS, L.L.C.				
7-437999			P.O. BOX 639				
DATE ISSUED			6223 THOMPSON RD.				
03/16/1999			E. SYRACUSE, NY 13057				
EXPIRATION DATE							
03/16/2004							
FEE PAID							
\$ 250							
Signature of Authorized Representative/Owner							Date
Name of Authorized Representative/Owner (Please Print)							
Title							

FILE COPY

* Aboveground tanks require monthly visual inspections and may need documented internal inspections as described in 6NYCRR Pt. 613.

THIS REGISTRATION CERTIFICATE IS NON-TRANSFERABLE

FOIL200100

New York State Department of Environmental Conservation

Spill Prevention and Response, Region 7

615 Erie Boulevard West, Syracuse, New York 13204-2400

Phone: (315) 426-7519 • FAX: (315) 426-2653

Website: www.dec.state.ny.us



February 6, 2002

Mr. Burt Colman
2376 Markland Road
Lafayette, New York 13084

Re: Wabash Tank Removal
PBS # 7-437999

Dear Mr. Colman:

As per our telephone conversation this morning, enclosed you will find a petroleum bulk storage application and instruction sheet. Please use this application to identify the tanks that Wabash plan to permanently close. This is a substantial modification, list the tank numbers, date of tank closure and method of closure.

The application should be returned to this office care of my attention. There is no fee for notifying the Department of this closure. If you have any questions please contact me at (315) 426-7516, Thank You.

Sincerely,

Howard T. McLaughlin
Construction Inspector II
Division of Remediation

cc: Richard Brazell
cc: Rich Coriale

File with PBS
7-437999.

1A.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Wabash Aluminum Alloys LLC
6223 Thompson Road
East Syracuse NY 13057

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

GAIL Triplett

B. Date

C. Signature

X Gail Triplett

☐ Agent

☐ Addressee

D. Is delivery address different from item 1?

☒ Yes

ES, enter delivery address below:

☐ No

4525 Old 24
PO Box 466
Wabash IN 46992

Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7002 0860 0003 9747 4805

FOIL200104

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

975 DEC H. McLaughlin
DIVISION OF SPILLS MANAGEMENT
615 ERIE BOULEVARD WEST
SYRACUSE NY 13204-2400

FOIL200105



Wabash Alloys, L.L.C.

DETACH AND RETAIN THIS STATEMENT

Check Number

88461

INVOICE#	DATE		GROSS AMT	DISCOUNT	NET AMT
7437999	2/22/1999	USD	250.00	.00	250.00

506386 NYSDEC

250.00

.00

250.00
FOR 200400

ROTH BROS. SMELTING CORP.

INVOICE DATE	REFERENCE NUMBER	GROSS AMOUNT	DISCOUNT	NET	REMARKS
03/12/98	7-437999	250.00	0.00	250.00	2

FOIL200107

 REMITTANCE STATEMENT
 13444 1 250.00
 PLEASE DETACH BEFORE DEPOSITING

0.00

250.00

CHECK NO.

1888

ROTH BROS. SMELTING CORP.

12592

INVOICE DATE	REFERENCE NUMBER	GROSS AMOUNT	DISCOUNT	NET	REMARKS
06/07/93	460-11			250.00	To replace our check of 6/7/93 #76999 issued for \$600.00 in error & returned to us on 6/28/93

FOIL200108

REMITTANCE STATEMENT
PLEASE DETACH BEFORE DEPOSITING

CHECK NO. 077320

New York State Department of Environmental Conservation
Spill Prevention and Response, Region 7
615 Erie Boulevard West, Syracuse, New York 13204-2400
Phone: (315) 426-7519 • FAX: (315) 426-2653
Website: www.dec.state.ny.us



NOTICE OF VIOLATION

January 28, 2003

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

WABASH ALUMINUM ALLOYS, L.L.C.
P.O. BOX 639
6223 THOMPSON RD.
E. SYRACUSE, NY 13057

Attention Mr. Burt Colman

Re: Petroleum Bulk Storage (PBS) Program Site Inspection - 6NYCRR Part 612-614
PBS# 7-437999
Inspection # 7-00509
WABASH ALLOYS
6223 THOMPSON RD.
E. SYRACUSE, NY 13057

Dear Mr. Colman:

On 10/15/2002 I visited the Wabash facility to determine compliance with New York State's PBS regulations. The following violations were identified during that inspection and need your attention to bring Wabash's facility into compliance. Citations to the applicable regulations are noted in brackets and pertain to the tanks that are listed. A copy of the PBS regulations and inspection checklist are enclosed for your reference.

The law requires that Wabash comply fully with the PBS regulations. Wabash must correct all of the violations noted below within the stated time frames and submit required documentation.

PBS Registration Certificate - Accuracy of information - [Section 612.2]

The registration information is not current and valid. Enclosed is a PBS application form that you may use to correctly inform the Department of the status of your facility and/or the status of any particular tank. Return the completed form within 30 calendar days from the date of this letter.

Continued...

Page 2.
Continued...

TANKS # 006, 007,
Unreported Spills - [Section 613.8]

The inspection revealed evidence of an unreported petroleum spill of used oil. The results of any inventory record, test or inspection which shows a facility is leaking must be reported to the Department within two (2) hours of the discovery. Notification must be made by calling the telephone hotline 1-800-457-7362.

ABOVE GROUND TANKS # 006, 007,
Gauges for aboveground storage tanks or equivalent device - [Paragraph 613.3(c)(3)]
These tanks do not have an appropriate overfill prevention system. All aboveground petroleum tanks must be equipped with a **gauge** which accurately shows the level of a product in the tank. The gauge must be accessible to the carrier and be installed so it can be conveniently read. A high-level warning alarm, a high level liquid pump cutoff controller or equivalent device may be used in lieu of the required gauge. Within 30 calendar days from the date of this letter submit documentation that the required gauge or equivalent device has been installed.

Corrective Action and Penalties

As a result of these violations, you are subject to penalties. Pursuant to Environmental Conservation Law Section 71-1929, you may be liable for a civil penalty per each of the above noted violations. The violations identified in this letter require your immediate attention.

Note that the inspection may not have disclosed all violations that exist at your site. You are responsible for ensuring that the entire facility is in compliance with applicable requirements.

Except where a shorter time frame is expressly required, within 30 calendar days from the date of this notice you must submit either documentation that the violations have been corrected or a **plan to achieve compliance**, as noted above. In accordance with any corrective action plan, you must submit documentation after compliance is achieved.
Sincerely,

Howard T. McLaughlin
Construction Inspector II
NYSDEC Region 7

cc: Rich Coriale

Page 2.
Continued...

TANKS # 006, 007,

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Sincerely,

Howard T. McLaughlin
Construction Inspector II
NYSDEC Region 7

cc: Rich Coriale

NOTICE OF VIOLATION

January 28, 2003

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

**WABASH ALUMINUM ALLOYS, L.L.C.
P.O. BOX 639
6223 THOMPSON RD.
E. SYRACUSE, NY 13057**

Attention Mr. Burt Colman

**Re: Petroleum Bulk Storage (PBS) Program Site Inspection - 6NYCRR Part 612-614
PBS# 7-437999
Inspection # 7-00509
WABASH ALLOYS
6223 THOMPSON RD.
E. SYRACUSE, NY 13057**

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Continued...

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
 Petroleum Bulk Storage Program
 Facility Information Report

Printed : 01/29/2003

PBS # : 7-437999

Site : WABASH ALLOYS
 6223 THOMPSON RD.
 E. SYRACUSE, NY 13057

County : ONONDAGA Town : DEWITT
 Latitude : 42|57|00 N Longitude : 76|04|00 W
 SPDES# : 0-110311 CBS# : 7-000057
 Site Type : Manufacturing

Operator : WABASH ALLOYS (315) 463-9500
 Emergency : ROBERT HUBBERT (315) 463-9500

Site status : Active
 Total Active Tanks : 9
 Active Capacity : 34,400 gals.

Reg Expires : 03/16/2004
 Last Inspection : / /
 Cert Printed : 03/16/1999

Site Errors : Complete
 Owner Error : Complete
 Tank Errors : Complete

Owner : WABASH ALUMINUM ALLOYS, L.L.C.

P.O. BOX 639
 E. SYRACUSE, NY 13057

Phone : (315) 463-9500
 Owner Type : Corporate/Commercial

Mail : WABASH ALUMINUM ALLOYS, L.L.C.

P.O. BOX 639
 6223 THOMPSON RD.
 E. SYRACUSE, NY 13057

Att : ROBERT HUBBERT (315) 463-9500

TankNo	TankLoc	Stat	DateIn	Capac (g)	Product	TankType	TankInt	TankExt	PipeLoc	PipeType	PipeInt	PipeExt	SecCont	Leak	OverFil	Disp	LastTest	NextTest	TStat
004	1	1	10/01/1973	15,000	3	1	0	01	1	1	0	01	08	09	04	3	08/01/1989	/ /	1
005	1	1	10/01/1973	15,000	3	1	0	01	1	1	0	01	08	09	04	3	08/01/1989	/ /	1
006	1	1	06/01/1970	275	B	1	0	01	1	1	0	00	07	00	04	3	/ /	/ /	1
007	1	1	06/01/1970	275	B	1	0	01	1	1	0	00	07	00	04	3	/ /	/ /	1
008	1	1	01/01/1985	275	A	1	0	01	1	1	0	00	07	00	04	3	/ /	/ /	1
009	2	1	07/01/1993	300	B	1	0	01	1	1	0	00	07	00	04	2	/ /	/ /	1
010	1	1	01/01/1985	275	5	1	0	00	1	1	0	00	08	00	04	2	/ /	/ /	1
011	1	1	07/01/1998	2,000	6	1	0	01	1	1	0	01	02	00	04	2	/ /	/ /	1
012	1	1	07/01/1998	1,000	2	1	0	01	1	1	0	01	02	00	04	2	/ /	/ /	1
001	4	3	06/01/1986	1,000	2	1	0	00	2	1	0	00	02	09	06	2	REMOVED: 07/01/1998		
002	4	3	12/01/1978	2,000	2	1				1			0	9		2	REMOVED: 05/01/1993		
003	4	3	12/01/1986	2,000	6	1	0	00	2	1	0	00	00	09	06	2	REMOVED: 07/01/1998		

NEW YORK STATE PETROLEUM BULK STORAGE (PBS) REGULATIONS INSPECTION REPORT

Ver 04/19/01

PBS# 7-437999 or ☐ Unregistered Inspection number 7-00509 DATE 10-15-02

Facility Name <u>WABASH Alloys</u> Facility Address <u>6223 Thompson Rd.</u> <u>E. Syracuse, N.Y. 13057</u> Operator <u>WABASH</u> Phone Number _____	Owner Name <u>WABASH Aluminum Alloys LLC</u> Owner Address <u>PO Box 639</u> <u>E. Syracuse N.Y.</u> *Contact <u>Burt's home phone #</u> Phone Number <u>315-677-9732</u>
---	---

(1) Visitor parking 2. Centroid of site ☒ NAD83

GIS: N 4769807 E 18411124 Location 3. At AST 4. At UST 5. Main Gate Map Datum NAD27

FACILITY Representative and Title *Burt Column

NYSDEC Representative and Title M2P2 - McLaughlin / Corbett / Rogers /

FACILITY REGISTRATION

1. Is the registration certificate posted at the facility? See Part 612.2. NO - SITE IS A CLOSED FACILITY
 2. Is registration information current & correct? See Part 612.2. NO - minor issues.
 3. Monitoring wells are marked and secured-Part 613.3(b)(4). X

Registration Identification Number	004	005	012	011	6/10 SEBATA
Underground or Aboveground Tank	AST	AST	AST	AST	
Product Stored/Tank Volume if different than registered <u>NO</u>	3	3	2	6	
Date Installed	73	73	98	98	
4. Tanks permanently closed properly? Y/N/X	X	X	X	X	
5. Tanks temporarily closed properly? Y/N/X	X	X	X	X	
6. Were any unreported spills observed during the inspection? Y/N	N	N	N	N	
7. Have tank top and dispenser sumps and fill port catch basins been properly maintained? Y/N (accumulation of product)/1 (poor condition)	Y	Y	Y	Y	
8. The fillport is color coded to identify the product in the tank. See 613.3(b).	Y	Y	Y	Y	
9. Motor fuel tank has pressurized piping and is equipped with shear valve. Y/N/X 1 (inoperative) <u>IMPACT VALVE</u>	X	X	Y	Y	

Underground Tanks

10. Tank installed after 12/86, tank system meets standards. If no, missing items? (1) corrosion resistant, (2) secondary containment, (3) leak monitoring, (4) overfill prevention (auto shut-off valve, high level alarm or ball float valve) and have (5) corrosion resistant piping with (6) leak monitoring (line leak detector for pressurized piping) or (7) only having one check valve under the pump in suction piping system (8) tank label (9) as-built plans or drawings.									
11. Leak monitoring (UST) being done (2- wall tank - interstice is checked) Y/ N/ 1 (inoperative system)/ 2 (monitoring records not maintained)/ 3 (inappropriate method)									
12. Cathodic protection for steel UST and piping systems monitored annually Y/N (missing both)/ 1 (no monitoring on tank)/ 2 (no monitoring on line)/ 3 (records not maintained)/ 4 (system not maintained to achieve protection)/ 5 (inadequate method)									
13. Inventory records (USTs) metered Mark (1) for no records, (2) for poor equipment, (3) for no reconciliation. (4) for reconciliation performed other than 10 days									
14. Unmetered tanks-have annual standpipe, or tank test or other leak detect method									
15. Tightness testing (USTs) has been conducted on the tank and piping system Check for both tank and piping Y/N/ 1 (entire tank not tested)/ 2 (no test on line)									

Aboveground Tanks

16. Tank installed after 12/86, tank system meets standards. If no, missing items? Y/N/X ASTs must be (1)welded steel with adequate (2)surface coating (paint), if on soil have (3)cathodic protection and if on grade have an (4)impermeable barrier under the tank with the ability to (5)monitor for leaks.					
17. Monthly inspections for all ASTs Y/N/1 (records not maintained)					
18. Ten year inspections for ASTs Y/N/X/1 (records not maintained)					
19. Secondary containment (ASTs ≥ 10,000 gallons) good condition/design Y/N/ 1(not maintained) (ASTs < 10,000 gallons) If using alternatives to secondary containment SPOTS #17 issues addressed. Y/N/ 1 (equipment not maintained)					
20. Dike drain valves are locked in a closed position Y/N/X					
21. Gauge, high level alarm or other equivalent device for ASTs Y/N/ 1(inoperative)					
22. Design/working capacity, and id number - marked on AST and at gauge.	N	N	N	N	N
23. Solenoid or equivalent valve in place for gravity-fed motor fuel dispensers Y/N/ 1(inoperative)/ X (not applicable)					
24. Check valve in place for pump-filled tanks with remote fills. Y/N/ 1(inoperative)/ X (not applicable)					
25. Operating valve in place on every line with gravity head. Y/N/ 1(inoperative)/ X (not applicable)					

FEDERAL UST Questions

26. For permanent closed USTs, site assessment performed? Y/N/X/1 (inadequate)					
27. Is the tank corrosion resistant? N/ A(Installed corrosion resistant)/ B(interior lining)/ C(retrofit c.p.)					
28. Is the piping system corrosion resistant? N/ A (installed corrosion resistant)/ B(retrofitted c.p.)					
29. Is spill catch basin installed and operational? Y/N/ 1(inoperative)					
30. Is overfill prevention system installed and operational? N/ A (shutoff valve)/ B(high level alarm)/ C(ball float valve)/ 1(inoperative)					
31. Tank Leak detection method being used: N(None)/ A -Tank testing and inventory monitoring (only if retrofitted corrosion protection or installed less than 10 years ago; if more, then other leak detection method required), B -ATG, C - Manual Tank Gauging (MTG) (limited to tanks ≤ 1000 gal), D - SIR, E - interstitial, F - Groundwater monitoring wells, G - Vapor monitoring wells, H - Other					
32. Piping Leak Detection being used: N (None) / Suction: exempt (X) or A - line test every 3 years/ B - monthly monitoring Pressurized: C - line leak detector, and either D - annual Line Test, or E - monthly monitoring of interstitial, SIR, GW well, vapor, other					

33. General Facility Condition Good / Fair / Poor

COMMENTS:(continue on separate paper)

Vers 04/19/01

Regional Notes or Forms attached: _____ pages

Refer to ☐ Spills/remediation system not operating ☐ Air/vapor recovery problems ☐ Water/SPDES problems /illegal floor drains ☐ HazMat/used oil

1. Registration form is required to be posted at the facility [612.2(e)]. Ideally it should be posted in a conspicuous place that would be visible when the facility is not open.
 2. The registration information must be current. [612.2(d)] Check on the owner/operator information as well as the information on the tanks.
 3. All monitoring wells must be labeled and secured [613.3(b)(4)]. The wells should preferably be locked closed so that no delivery can be made into the well or other vandalism can be done.
 4. Proper closure means that the tank has been emptied, cleaned and either removed or filled with a solid, inert material (sand/concrete/foam) [613.9(b)].
 5. Check for tanks that are no longer in service but have not been properly closed. If the tank is to stay in temporary closure, the owner must keep the tank registered and comply with all testing and inspection requirement. [613.9(a)]
 6. Check the areas around the tank for any areas of contamination/product accumulations. [613.8]
 7. Check the tank top and dispenser sumps and fill catch basins to be sure that no product has accumulated and that the equipment is in good condition so that if a spill occurs that it would be contained. [613.3(d)]
 8. All ASTs and USTs must have the fill port colorcoded. See Subdivision 613.3(b) for proper color and symbols.
 9. Motor fuel dispensers with pressurized piping must have a shear valve at the base of the dispenser [613.3(c)(1)]. Check to see that the valve was installed properly (flush with the top of the concrete and bolted to the form). Inoperative means that the valve was either installed improperly or that the condition of the valve is so poor that it is obvious that it would not work.
-
10. USTs must be installed in conformance with Part 614.
 11. USTs meeting the standards for new construction must be monitored for leaks at least weekly [613.5(b)(3)]. If the tank is double wall, the interstitial space **MUST** be monitored [614.5(b)]. The interstice can be monitored manually or electronically. If another secondary containment system has been used, the other leak monitoring systems that can be used would be an automatic tank gauge or monitoring wells inside the secondary containment system (vault or excavation liner)[614.5]. If the leak monitoring is performed electronically (continuous), the electronics need to be checked monthly to be sure that the system is operational. Monitoring records must be kept on the premises for a period of one year.
 12. USTs with cathodic protection systems must be monitored at least annually [613.5(b)(2)]. Most systems use sacrificial anodes and will be monitored using a copper/copper sulfate reference cell and a high impedance volt meter. While the regulations are not specific, there needs to be at least 3 readings per tank and 1 per piping system that is cathodically protected. Acceptable readings are those that are more negative than -0.85 volts. Inadequate method means that not enough readings were taken to demonstrate that the tank or piping system was receiving adequate protection.
 13. Inventory records are required for all USTs[613.4]. If the tank has a metered dispenser (motor fuels) then records must be kept of sales, deliveries etc. Stick readings need to be taken to the closest 1/4". Check the condition of the stick to be sure unbroken. Check for reconciliation every 10 days (inventory discrepancies), a calculation of a threshold and comparison of the discrepancy with the threshold to see if there is an apparent product loss. If there is an apparent product loss, determine if it has been properly investigated to determine cause.
 14. If the tank is unmetered (heating oil) then there is a need for inventory losses to be detected in an alternative manner [613.4(a)(2)]. Acceptable options would include an annual standpipe analysis or tank test or monitoring for inventory losses during the off season. See SPOTS #4.
 15. USTs not exempt under Paragraph 613.5(a)(2) must have a tightness test once every 5 years (this includes tanks that have been retrofitted with cathodic protection, a tank liner or both to meet the EPA requirements). It is important that this test include the entire tank system - both the tank and the piping system. This can be done in one of three ways.
 1. An overfilled tank test (Petro-Tite). With pressurized piping systems, a separate line test is required.
 2. An underfill product test, ullage test and piping line test.
 3. A non-volumetric test (Tracer or Vacuum). With the vacuum tests it is important that the presence of groundwater be determined next to the tank. While making this determination, the tester must check for any contamination to the environment. A separate line test is required for pressurized piping systems and for suction piping with the check valve at the tank.

16. ASTs must be installed in conformance with Part 614.9 - 11.
17. Owners or operators of ASTs must document that they perform a visual inspection of the tank system on at least a monthly basis [613.6(a)]. The inspection must include the exterior of the tanks, pipes, and valves for leaks and maintenance problems as well as a check of the other equipment associated with the tank for operability.
18. Owners or operators of ASTs that are 10,000 gallons or larger (or smaller tanks if could discharge to waters of the State) and are resting on the ground with no impermeable barrier under the tank, must have an internal inspection performed on the AST to check on the structural integrity of the tank floor and shell. [613.6(b)]
19. Owners or operators of ASTs that are 10,000 gallons or larger must provide secondary containment systems for the tank [613.3(c)(6)]. This secondary containment must be large enough to hold 100% of the largest tank system within the diked area plus room for freeboard. Numerous materials can be used as long as they are impermeable to the petroleum. Check for the condition of the system to be sure that if a leak occurred that it would be contained. In addition, check to see if there is proper distance from the tank to the dike wall so that if a leak occurred at the top of the tank it would not go over the dike wall to the environment.
For ASTs less than 10,000 gallons, owners/operators may not need to provide secondary containment if all the issues in SPOTS #17 have been addressed so that the tank would not reasonably be expected to have a discharge to the environment. Look for the overfill prevention valve (not just a high level alarm or gauge) as well as containment at the fill port, location of the valves, vehicular traffic patterns impacting the tank, flooding situations, fire exposure and potential vandalism with ballistics.
20. Impermeable secondary containment systems will collect precipitation. Owners/operators will need to have some way to remove this precipitation from the dike. Many times this involves a dike drain valve. This valve needs to be locked closed and only open when precipitation is being drained. [613.3(c)(6)(iii)]
21. All ASTs must be equipped with a gauge, high level alarm or overfill prevention valve [613.3(c)(3)]. If a gauge is used, it must be accessible to the carrier. High level alarms must be heard/seen at the fill port. Inoperative means that the condition of the equipment is such that it is not working.
22. The design capacity, working capacity and identification number of the tank must be marked on the tank and at the gauge [613.3(c)(3)(iii)]. The working capacity is generally the safe-fill level or the level at which the alarm/overfill prevention valve will trigger. This is normally at 90% capacity.
23. Solenoid valve (normally closed) or other anti-siphon valve is needed at the tank top so that if the piping system broke, the tank would not be emptied [613.3(c)(2)]. This is only required for tanks connected to motor fuel dispensers. Inoperative means that the valve is in obviously poor condition and not working.
24. Pump-filled ASTs with remote fills are required to have check valves at the fill port to prevent back flow from the tank. [613.3(c)(4)] Inoperative means that the valve would be leaking. This will be obvious by drips at the fillport.
25. All lines with a gravity head must be equipped with an operating valve to control the flow of product [613.3(c)(5)]. This would include any line that drops below the liquid level in the tank including any remote fill lines. Inoperative means that the condition of the valve is so poor that it is obvious that the valve is broken (drips/spills at the valve).

These Federal UST questions pertain to tanks that are 10% or more underground that are 110 gallons or larger that store any petroleum product except for 1. Tanks storing heating oil (or other heating substitute) used consumptively on the premises and 2. Tanks less than 1100 gallons storing motor fuel at a residence or a farm.

26. When EPA USTs are closed an assessment of the environment around the tank and piping system must be performed [280.72]. See SPOTS #14. A site assessment would be considered inadequate if it is obvious that not enough samples were taken.
27. Tanks had to be corrosion resistant by 12/98. The options were to have a tank that was installed corrosion resistant [280.20] (STI-P3, FRP, FRP clad steel or jacketed steel), install an interior lining [280.21(b)(1)] (had to meet Part 614.6 requirements), retrofit cathodic protection (c.p.) [280.21(b)(2)] (tank had to be assessed to ensure structural integrity) or have both the lining and the c.p. [280.21(b)(3)]
28. Piping systems also had to be corrosion resistant by 12/98. The options were to have a system that was installed corrosion resistant [280.20(b)] or retrofit c. p. [280.21(c)] (the retrofit design had to be done by a corrosion specialist not by the contractor)
29. A spill catch basin is required at the fill port. [280.20(c); 280.21(d)]. A basin would be considered inoperative if not functional.
30. An overfill prevention system had to be installed [280.20(c); 280.21(d)]. A shutoff valve and the ball float valve can not be used with pump fill deliveries. The ball float valve can not be used with suction piping and stage 1 coaxial vapor recovery. The high level alarms must be visible and/or audible to the delivery person. A system would be considered inoperative if not functioning.
31. Leak detection must be upgraded to something other than tank testing within 10 years of the tank being corrosion resistant [280.41(a)]. For the 10 years after a tank is corrosion resistant, the o/o can use tank testing every 5 years in conjunction with inventory. After a leak detection system must be used to monitor for leaks once per month (minimum).
32. Piping systems must have a leak detection system unless it is a suction system with the check valve under the dispenser with the piping sloped back to the tank [280.41(b)]. Pressurized piping must have two forms of leak detection [280.41(b)(1)] - line leak detector (or continuous monitoring of the interstitial space/sump) plus a monthly monitoring system or an annual line test.
33. To determine the general facility condition, look at general housekeeping practices, look for abandoned tanks, look at the fill ports, catch basins, under dispensers, tank top sumps and any other areas where leaks may be prevalent. If everything is clean, give the facility a good condition, if things are not well maintained give a fair condition, if spills have been discovered, give a poor condition.

Direct

22

12

21

11

210 / 2500

$\frac{18}{411} / \frac{124}{124}$
 $\frac{47}{69} / \frac{807}{807}$

(Handwritten notes from page 6)

Contains now
80% in secondary

No base
No leaves

#

M.S.M.
- H.H.

- T.O.
P.P.N.

C.C.E.

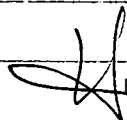
2. SP10

१०५८५८

Letter to file!

12-02

- Mr. Burt Colman gave us a tour of the facility. There are no tanks in use. Some are (2) status waiting for perm. closure.
- Mr. Colman visits the site at least monthly and checks the tanks.
- We did find house keeping problems in first building mostly around used oil tanks. This is inside on a concrete floor but should be removed up.
- Mr. Colman has called me at least twice asking for guidance to expedite diffculties found during our inspection. He is trying to insure that ~~the~~ the site is not in violation.



FOIL200119

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Petroleum Bulk Storage Program
Facility Information Report

Printed : 10/15/2002

PBS # : 7-437999

Site : WABASH ALLOYS
6223 THOMPSON RD.
E. SYRACUSE, NY 13057

County : ONONDAGA Town : DEWITT
Latitude : 42|57|00 N Longitude : 76|04|00 W
SPDES# : 0-110311 CBS# : 7-000057
Site Type : Manufacturing

Operator : WABASH ALLOYS (315) 463-9500
Emergency : ROBERT HUBBERT (315) 463-9500

- Burt - Columbus -

Site status : Active
Total Active Tanks : 9
Active Capacity : 34,400 gals.

Reg Expires : 03/16/2004
Last Inspection : / /
Cert Printed : 03/16/1999

Site Errors : Complete
Owner Error : Complete
Tank Errors : Complete

Owner : WABASH ALUMINUM ALLOYS, L.L.C.

P.O. BOX 639
E. SYRACUSE, NY 13057

Phone : (315) 463-9500
Owner Type : Corporate/Commercial

Mail : WABASH ALUMINUM ALLOYS, L.L.C.

P.O. BOX 639
6223 THOMPSON RD.
E. SYRACUSE, NY 13057
Att : ROBERT HUBBERT (315) 463-9500

TankNo	TankLoc	Stat	DateIn	Capac (g)	Product	TankType	TankInt	TankExt	PipeLoc	PipeType	PipeInt	PipeExt	SecCont	Leak	Overfil	Disp	LastTest	NextTest	TStat
004	1	1	10/01/1973	15,000	3	1	0	01	1	1	0	01	08	09	04	3	08/01/1989	/ /	1
005	1	1	10/01/1973	15,000	3	1	0	01	1	1	0	01	08	09	04	3	08/01/1989	/ /	1
006	1	1	06/01/1970	275	B	1	0	01	1	1	0	00	07	00	04	3	/ /	/ /	1
007	1	1	06/01/1970	275	B	1	0	01	1	1	0	00	07	00	04	3	/ /	/ /	1
008	1	1	01/01/1985	275	A	1	0	01	1	1	0	00	07	00	04	3	/ /	/ /	1
009	2	1	07/01/1993	300	B	1	0	01	1	1	0	00	07	00	04	2	/ /	/ /	1
010	1	1	01/01/1985	275	3	1	0	00	1	1	0	00	08	00	04	2	/ /	/ /	1
011	1	1	07/01/1998	2,000	6	1	0	01	1	1	0	01	02	00	04	2	/ /	/ /	1
012	1	1	07/01/1998	1,000	2	1	0	01	1	1	0	01	02	00	04	2	/ /	/ /	1
001	4	3	06/01/1986	1,000	2	1	0	00	2	1	0	00	02	09	06	2		REMOVED: 07/01/1998	
002	4	3	12/01/1978	2,000	2	1				1			0	9		2		REMOVED: 05/01/1993	
003	4	3	12/01/1986	2,000	6	1	0	00	2	1	0	00	00	09	06	2		REMOVED: 07/01/1998	

315-677-9732
765-513 6529
Call- Cdl was GASA INC
Phone

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
 Petroleum Bulk Storage Program
 Facility Information Report

Printed : 10/11/2002

PBS # : 7-437999

Site : WABASH ALLOYS
 6223 THOMPSON RD.
 E. SYRACUSE, NY 13057

County : ONONDAGA Town : DEWITT
 Latitude : 42|57|00 N Longitude : 76|04|00 W
 SPDES# : 0-110311 CBS# : 7-000057
 Site Type : Manufacturing

Operator : WABASH ALLOYS (315) 463-9500
 Emergency : ROBERT HUBBERT (315) 463-9500

Site status : Active
 Total Active Tanks : 9
 Active Capacity : 34,400 gals.

Reg Expires : 03/16/2004
 Last Inspection : / /
 Cert Printed : 03/16/1999

Site Errors : Complete
 Owner Error : Complete
 Tank Errors : Complete

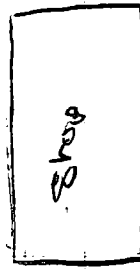
Owner : WABASH ALUMINUM ALLOYS, L.L.C.
 P.O. BOX 639
 E. SYRACUSE, NY 13057

Phone : (315) 463-9500
 Owner Type : Corporate/Commercial

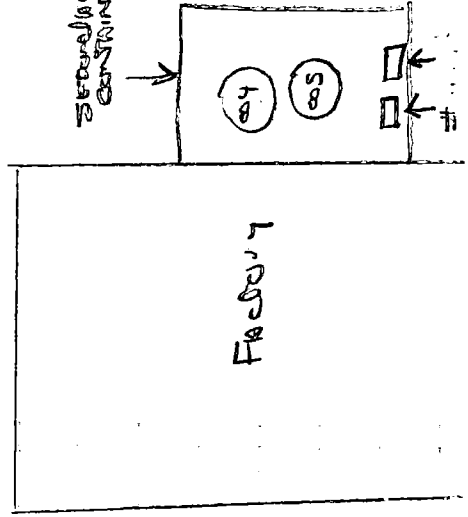
Mail : WABASH ALUMINUM ALLOYS, L.L.C.
 P.O. BOX 639
 6223 THOMPSON RD.
 E. SYRACUSE, NY 13057
 Att : ROBERT HUBBERT (315) 463-9500

TankNo	TankLoc	Stat	DateIn	Capac (g)	Product	TankType	TankInt	TankExt	PipeLoc	PipeType	PipeInt	PipeExt	SecCont	Leak	OverFil	Disp	LastTest	NextTest	TStat
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005	1	1	10/01/1973	15,000	3	1	0	01	1	1	0	01	08	09	04	3	08/01/1989	/ /	1
006	1	1	06/01/1970	275	B	1	0	01	1	1	0	00	07	00	04	3	/ /	/ /	1
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008	1	1	01/01/1985	275	A	1	0	01	1	1	0	00	07	00	04	3	/ /	/ /	1
009	2	1	07/01/1993	300	B	1	0	01	1	1	0	00	07	00	04	2	/ /	/ /	1
010	1	1	01/01/1985	275	5	1	0	00	1	1	0	00	08	00	04	2	/ /	/ /	1
011	1	1	07/01/1998	2,000	6	1	0	01	1	1	0	01	02	00	04	2	/ /	/ /	1
012	1	1	07/01/1998	1,000	2	1	0	01	1	1	0	01	02	00	04	2	/ /	/ /	1
001	4	3	06/01/1986	1,000	2	1	0	00	2	1	0	00	02	09	06	2	REMOVED: 07/01/1998		
002	4	3	12/01/1978	2,000	2	1				1			0	9		2	REMOVED: 05/01/1993		
003	4	3	12/01/1986	2,000	6	1	0	00	2	1	0	00	00	09	06	2	REMOVED: 07/01/1998		

Thompson Rd

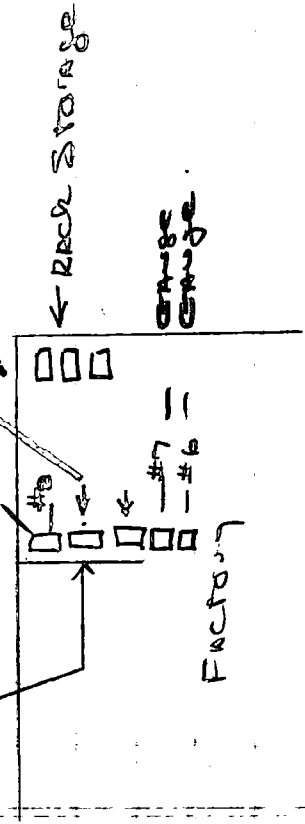


#12 Diesel + Gasoline
#11 Hoppers
AK!



275 Gall Tanks used Oil & Virgin Oil

Center High



WAGASH SITE

New York State Department of Environmental Conservation
Spill Prevention and Response, Region 7
615 Erie Boulevard West, Syracuse, New York 13204-2400
Phone: (315) 426-7519 • FAX: (315) 426-2653
Website: www.dec.state.ny.us



NOTICE OF VIOLATION

January 28, 2003

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

WABASH ALUMINUM ALLOYS, L.L.C.
P.O. BOX 639
6223 THOMPSON RD.
E. SYRACUSE, NY 13057

Attention Mr. Burt Colman

Re: Petroleum Bulk Storage (PBS) Program Site Inspection - 6NYCRR Part 612-614
PBS# 7-437999
Inspection # 7-00509
WABASH ALLOYS
6223 THOMPSON RD.
E. SYRACUSE, NY 13057

Dear Mr. Colman:

On 10/15/2002 I visited the Wabash facility to determine compliance with New York State's PBS regulations. The following violations were identified during that inspection and need your attention to bring Wabash's facility into compliance. Citations to the applicable regulations are noted in brackets and pertain to the tanks that are listed. A copy of the PBS regulations and inspection checklist are enclosed for your reference.

The law requires that Wabash comply fully with the PBS regulations. Wabash must correct all of the violations noted below within the stated time frames and submit required documentation.

PBS Registration Certificate - Accuracy of information - [Section 612.2]

The registration information is not current and valid. Enclosed is a PBS application form that you may use to correctly inform the Department of the status of your facility and/or the status of any particular tank. Return the completed form within 30 calendar days from the date of this letter.

Continued...

Page 2.
Continued...

TANKS # 006, 007,
Unreported Spills - [Section 613.8]

The inspection revealed evidence of an unreported petroleum spill of used oil. The results of any inventory record, test or inspection which shows a facility is leaking must be reported to the Department within two (2) hours of the discovery. Notification must be made by calling the telephone hotline 1-800-457-7362.

ABOVE GROUND TANKS # 006, 007,

Gauges for aboveground storage tanks or equivalent device - [Paragraph 613.3(c)(3)]

These tanks do not have an appropriate overfill prevention system. All aboveground petroleum tanks must be equipped with a **gauge** which accurately shows the level of a product in the tank. The gauge must be accessible to the carrier and be installed so it can be conveniently read. A high-level warning alarm, a high level liquid pump cutoff controller or equivalent device may be used in lieu of the required gauge. Within 30 calendar days from the date of this letter submit documentation that the required gauge or equivalent device has been installed.

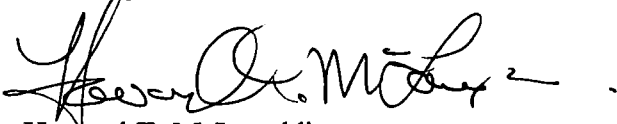
Corrective Action and Penalties

As a result of these violations, you are subject to penalties. Pursuant to Environmental Conservation Law Section 71-1929, you may be liable for a civil penalty per each of the above noted violations. The violations identified in this letter require your immediate attention.

Note that the inspection may not have disclosed all violations that exist at your site. You are responsible for ensuring that the entire facility is in compliance with applicable requirements.

Except where a shorter time frame is expressly required, within 30 calendar days from the date of this notice you must submit either documentation that the violations have been corrected **or a plan to achieve compliance**, as noted above. In accordance with any corrective action plan, you must submit documentation after compliance is achieved.

Sincerely,



Howard T. McLaughlin
Construction Inspector II
NYSDEC Region 7

cc: Rich Coriale

NOTICE OF VIOLATION

January 28, 2003

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

WABASH ALUMINUM ALLOYS, L.L.C.
P.O. BOX 639
6223 THOMPSON RD.
E. SYRACUSE, NY 13057

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PBS# 7-437999
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Continued...

WABASH ALUMINUM ALLOYS - SYRACUSE
WEEKLY INSPECTION CHECKLIST
PAGE 1 OF 2

Inspector:

Date:

7/1/02

INSPECTION ITEM	YES	NO	COMMENTS
1. Are outside transfer and/or storage areas kept in a neat and orderly condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Are all storage containers (tanks, drums, etc.) holding fluids which could potentially pollute storm water runoff, placed in a containment area of some kind?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are empty drums properly stored on their side with lids or plugs properly secured?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>ALL GONE</i>
4. Are drums (that are not empty) properly stored in a containment area, in an upright position, under cover, on top of a pallet, and with lids or bungs secure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>ALL GONE</i>
5. Are all drums properly labelled?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>ALL GONE</i>
6. Is there any evidence of stains or leaks from equipment, machinery, or storage items at the facility?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is there evidence of spilled materials on the ground in the vicinity of material transfer and/or storage areas?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Are all storm water catch basins and areas surrounding them free of scrap, sediment, and contaminants such as oil and grease?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Do vehicles used in outdoor areas of the facility show signs of fluid leaks (such as gasoline, diesel fuel, or hydraulic fluids)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Are there any signs of unauthorized dumping?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Are there any damaged or corroded containers (such as drums) stored outside at this facility?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>ALL GONE</i>
12. Is solid waste removed regularly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>ALL GONE</i>

WABASH ALUMINUM ALLOYS - SYRACUSE
WEEKLY INSPECTION CHECKLIST
PAGE 2 OF 2

Areas Inspected:

- ☒ Roadway
- ☒ Catch basin & roadway
- ☒ Outfall 004
- ☒ Outfall 005
- ☒ Oil-water separator
- ☒ Scrap yard
- ☒ Storage area
- ☒ Catch basin
- ☒ Outfall 002A & roadway

- ☒ Waste oil area
- ☒ Oil-water separator (steam cleaning area)
- ☒ Outfall 002
- ☒ Area outside storage area
- ☒ Storage area
- ☒ Outfall 001
- ☒ Collection trench & oil-water separator
- ☒ Open drain
- ☒ Yard & catch basin

Problems found (if any):

PLANT CLOSING THIS WEEK 7/3/02

Who was notified of problem(s)?

Corrective Actions to be taken:

Were the corrective actions identified in last inspection report implemented? Yes ☐ No ☐

If yes, Did the corrective actions rectify the problem? Yes ☐ No ☐

If No, what new corrective actions are to be taken:

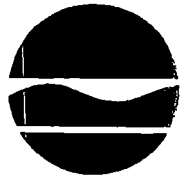
New York State Department of Environmental Conservation

Spill Prevention and Response, Region 7

615 Erie Boulevard West, Syracuse, New York 13204-2400

Phone: (315) 426-7519 • FAX: (315) 426-2653

Website: www.dec.state.ny.us

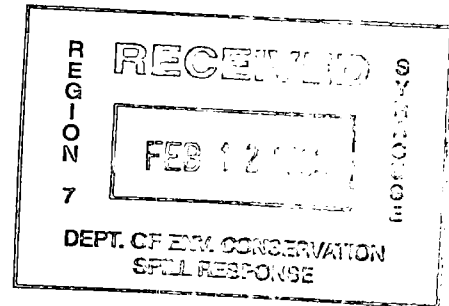


Erin M. Crotty
Commissioner

February 6, 2003

Mr. Burt Colman
2376 Markland Road
Lafayette, New York 13084

Re: Wabash Tank Removal
PBS # 7-437999



Dear Mr. Colman:

As per our telephone conversation this morning, enclosed you will find a petroleum bulk storage application and instruction sheet. Please use this application to identify the tanks that Wabash plan to permanently close. This is a substantial modification, list the tank numbers, date of tank closure and method of closure.

The application should be returned to this office care of my attention. There is no fee for notifying the Department of this closure. If you have any questions please contact me at (315) 426-7516, Thank You.

Sincerely,

Howard T. McLaughlin
Construction Inspector II
Division of Remediation

cc: Richard Brazell
cc: Rich Coriale

532 State Fair Boulevard
Syracuse, NY 13204
Email: eps.syracuse@eps-inc.com



PHONE: (315) 471-0503 x218
FAX: (315) 471-3846
1-800-533-3335

7-437999

WORK QUOTATION / AUTHORIZATION

FIRM	WABASH ALLOYS	CONTACT	BURT COLEMAN
	2376 MARKLAND ROAD		FAX:
	LAFAYETTE, NY 13084		PH: 765-513-6529
DATE	2/6/03		SITE: 6223 THOMPSON RD.

Environmental Products & Services of Vermont, Inc. will furnish all labor, equipment, supervision, and materials, unless otherwise specified, to perform the following scope of work.

CLEAN AND REMOVE (SCRAP) FOUR-275 GALLON AST-HYDRAULIC OIL-APPROXIMATELY 400 GALLONS

SITE: 6223 THOMPSON ROAD, SYRACUSE

COST: \$1,575.00 plus \$.48cents/gallon for disposal of oil/rinsewater, which includes the following:

LABOR

Vac Truck and Operator
Field Technician

EQUIPMENT

Box Van
Pressure Washer

MATERIALS

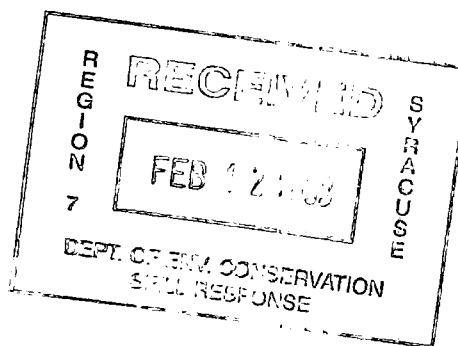
Sawzall
PPE

DISPOSAL

Liquids (non-hazardous)	\$.48cents/gallon
Solids (non-hazardous)	\$2.25/gallon

The above is based upon:

- Free and easy access for personnel and equipment.
- Price is subject to verification of facility's approval of waste stream. A sample and/or MSDS will be required to accompany a signed waste characterization form to the respective facility. Any off-specification charges assessed by the disposal facility will be the responsibility of the generator.
- A \$5.00 manifesting and labeling fee will be applied for each site pick-up.



JOB COST: ☐ TIME & MATERIAL ☒ QUOTED \$ SEE ABOVE

562 State Fair Boulevard
Syracuse, NY 13204
Email: eps.syracuse@eps-inc.com



PHONE: (315) 471-0503 x218
FAX: (315) 471-3846
1-800-533-3335

All work will conform to all local, state, and federal regulations. If this job is quoted, any disposal or other work beyond the scope of work described above, unless agreed in writing, will be billed at the current Time and Material rates. All customer containerized waste must meet US DOT "UN" packaging standards if it is a hazardous DOT material. If the packaging does not meet these standards, Environmental Products & Services of Vermont, Inc. will overpack the containers and all associated costs incurred will be charged to the customer at Environmental Products & Services of Vermont, Inc. standard Time and Material Rates.

This quotation is valid for 30 days from the above date and subject to verification thereafter. Sales tax, if applicable, is a separate item. Standard payment terms are cash in advance, Visa/MasterCard, or phased billing with credit approval on net 10 days. Service charges may be imposed at 1.5 percent per month on all balances over thirty days. Customer will be responsible for all costs of collection, including, but not limited to, reasonable attorney's fees, court costs, and collection service fees.

Customer agrees to indemnify, exonerate, and hold Environmental Products & Services of Vermont, Inc. harmless against loss, damage, or expense, by reasons of suits, claims, demands, judgements, and causes of action for personal injury, death or property damage rising out of or in any way in consequence of the performance of all work undertaken by Environmental Products & Services of Vermont, Inc. except that in no instance shall the customer be held responsible for any liability claim demand or cause of action attributable solely to the gross negligence of Environmental Products & Services of Vermont, Inc.

I agree to accept the labor, materials, and equipment utilization as reported on the Environmental Products & Services of Vermont, Inc. Daily Job Reports. If I wish to have them reviewed, I will have a representative on site at the completion of work each day to review and sign the Daily Job Reports. The Daily Job Report is not applicable for product only sales.

Environmental Products & Services of Vermont, Inc. Representative
Bonnie Williams, Account Manager-Syracuse, NY Division

1031.1944

If you accept this proposal and terms set forth on both sides of the form, please sign below and return this original copy for our files.

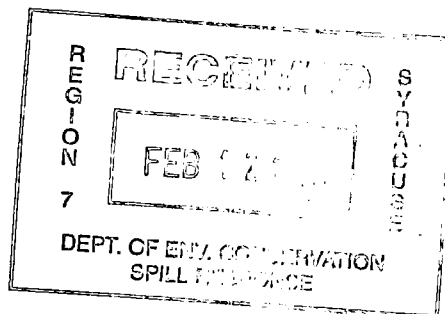
By:

Title: PROTECT MANAGER

Date: 2/8/03

Job Number: _____

Customer Purchase Order Number: _____





NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF ENVIRONMENTAL REMEDIATION

PETROLEUM BULK STORAGE APPLICATION

Pursuant to the Petroleum Bulk Storage Law,
Article 17, Title 10 of ECL; 6 NYCRR 612-614 and 6 NYCRR, Subpart 360-14
(Continued on the Reverse Side—Please Be Sure to Complete Section B)

Please Type or Print Clearly
and Complete All Items

SECTION A—See Instructions on Cover Sheet



PBS NUMBER 7-437999 Indicate other existing DEC Numbers, if any, for this facility: CBS Number 7-000057 SPDES Number 0-110311	F A C I L I T Y	FACILITY NAME WABASH ALLOYS LOCATION (Not P.O. Boxes) 6223 THOMPSON ROAD LOCATION (Continued) CITY/TOWN/VILLAGE EAST SYRACUSE STATE NY ZIP CODE 13057 COUNTY ONEIDA TOWNSHIP OR CITY DEWITT NAME OF OPERATOR AT FACILITY BLAKE COLEMAN FACILITY TELEPHONE NUMBER 765-513-6529 EMERGENCY CONTACT NAME BLAKE COLEMAN EMERGENCY TELEPHONE NO. 315-677-9732	TYPE OF PETROLEUM FACILITY: (Check all that apply) A. <input type="checkbox"/> Storage Terminal/Petroleum Distributor B. <input type="checkbox"/> Retail Gasoline Sales C. <input type="checkbox"/> Other Retail Sales D. <input type="checkbox"/> Manufacturing E. <input type="checkbox"/> Utility F. <input type="checkbox"/> Trucking/Transportation G. <input type="checkbox"/> Apartment Building H. <input type="checkbox"/> School I. <input type="checkbox"/> Farm J. <input type="checkbox"/> Private Residence K. <input type="checkbox"/> Airline (Air Taxi) L. <input type="checkbox"/> Other (Specify Below) <div style="border: 1px solid black; padding: 5px; margin-top: 10px; transform: rotate(-15deg);"> RECEIVED FEB 12 2003 DEPT. OF ENV. CONSERVATION SPILL RESPONSE </div>						
TRANSACTION TYPE (Check all that apply) NOTE: Transaction Types 1, 2 and 5 may require a fee. 1 <input type="checkbox"/> Initial/ New Facility 2 <input type="checkbox"/> Change of Ownership 3 <input type="checkbox"/> Substantial Tank Modification 4 <input type="checkbox"/> Information Correction 5 <input type="checkbox"/> Renewal	O W N E R	OWNER NAME WABASH ALUMINUM ALLOYS LLC ADDRESS (Street and/or PO Box) 6223 THOMPSON ROAD CITY EAST SYRACUSE STATE NY ZIP CODE 13057 FEDERAL TAX ID NUMBER 04-3444158 OWNER TELEPHONE NUMBER 919 303-1914 TYPE OF OWNER (Check only one) 1 <input type="checkbox"/> Private Resident 2 <input type="checkbox"/> State Government 3 <input type="checkbox"/> Local Government 4 <input type="checkbox"/> Federal Government 5 <input checked="" type="checkbox"/> Corporate/Commercial	I hereby certify under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law. <table style="width: 100%;"> <tr> <td style="width: 70%;">NAME OF OWNER OR AUTHORIZED REPRESENTATIVE BLAKE COLEMAN</td> <td style="width: 30%;">AMOUNT ENCLOSED \$</td> </tr> <tr> <td colspan="2">TITLE PROTECT MANAGER</td> </tr> <tr> <td>SIGNATURE Blake Coleman</td> <td>DATE 2/8/03</td> </tr> </table>	NAME OF OWNER OR AUTHORIZED REPRESENTATIVE BLAKE COLEMAN	AMOUNT ENCLOSED \$	TITLE PROTECT MANAGER		SIGNATURE Blake Coleman	DATE 2/8/03
NAME OF OWNER OR AUTHORIZED REPRESENTATIVE BLAKE COLEMAN	AMOUNT ENCLOSED \$								
TITLE PROTECT MANAGER									
SIGNATURE Blake Coleman	DATE 2/8/03								
Geographical Locator for this Facility: (If known) LATITUDE: _____ DEG MIN SEC LONGITUDE: _____ DEG MIN SEC	C O R R E S P O N D E N C E	ATTENTION NAME OF COMPANY ADDRESS ADDRESS CITY/STATE/ZIP CODE TELEPHONE NUMBER ()							
OFFICIAL USE ONLY Page _____ of _____ Date Received: 2/12/03 Date Processed: 4/15/03 Amount Received \$ _____ Reviewed By: _____ FOIL200131									

PBS NUMBER:
7-437999

Tank Information for Petroleum Bulk Storage Facility
SECTION B—See Instructions on Cover Sheet

Page ____ of ____

[illegible]

KEY FOR SECTION B
ACTION

1. Initial Listing
2. Add Tank
3. Close/Remove Tank
4. Information Correction
5. Recondition/Repair/
Reline Tank

TANK LOCATION

1. Aboveground
2. Aboveground on saddles, legs, stilts, rack, or cradle
3. Aboveground: 10% or more below ground
4. Underground
5. Underground, vaulted, with access

STATUS

1. In-service
2. Temporarily out-of-service
3. Closed—Removed
4. Closed—In Place
5. Tank Converted to

PRODUCT STORED

- | | |
|---------------------------------------|------|
| 0. Empty | 9. C |
| 1. Leaded Gasoline | |
| 2. Unleaded Gasoline | 0. M |
| 3. Nos. 1, 2, or 4 Fuel Oil | 1. S |
| 4. Nos. 5 or 6 Fuel Oil | 2. C |
| 5. Kerosene | 3. F |
| 6. Diesel | 4. C |
| A. Lube Oil | 9. C |
| B. Kerosene Used Oil(fuel) | |
| C. Used Oil | |
| 9. Other* | * If |

TANK TYPE

1. Steel/Carbon Steel
2. Stainless Steel Alloy
3. Concrete
4. Fiberglass Coated Steel
5. Fiberglass Reinforced Plastic (FRP)
6. Equivalent Technology
9. Other*

PIPING TYPE

0. None
1. Steel/Iron
2. Galvanized Steel
3. Fiberglass (FRP)
4. Copper
9. Other*

INTERNAL PROTECTION: Tank/Piping

0. None
1. Epoxy Liner
2. Rubber Liner
3. Fiberglass Liner (FRP)
4. Glass Liner
9. Other*

EXTERNAL PROTECTION: Tank/Piping

0. None
1. Painted/Asphalt Coating
2. Sacrificial Anode
3. Impressed Current
4. Fiberglass
5. Jacketed
6. Wrapped (Piping)
9. Other*

• If other, please list on separate sheet including Tank Number

PIPING LOCATION

0. None
1. Aboveground
2. Underground
3. Aboveground/
Underground Combination

SECONDARY CONTAINMENT

0. None
1. Vault
2. Double-Walled Tank
3. Excavation Liner
4. Cut-off Walls
5. Impervious Underlayment
6. Earthen Dike
7. Prefabricated Steel Dike
8. Concrete Dike
- A. Synthetic Liner
- B. Natural Liner
9. Other*

LEAK DETECTION

0. None
1. Interstitial Monitoring
2. Vapor Well
3. Groundwater Well
4. In-Tank System
5. Concrete Pad w/channels
6. Double Bottom
9. Other*

SPILL/OVERFILL PREVENTION

0. None
1. Float Vent Valve
2. High Level Alarm
3. Automatic Shut-off
4. Product Level Gauge
5. Catch Basin
6. Vent Whistle
9. Other*

DISPENSER

1. Submersible
2. Suction
3. Gravity

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Printed : 02/05/2002

CBS # : 7-000057

Chemical Bulk Storage Program
Facility Information ReportSite : WABASH ALUMINUM ALLOYS, L.L.C.
6223 THOMPSON ROAD
EAST SYRACUSE, NY 13057County : ONONDAGA Town : DEWITT
Latitude : 42|57|00 N Longitude : 76|04|00 W
Oper : WABASH ALLOYS (315) 463-9500
Emer : BURT COLEMAN (315) 463-9500
Type of Site : Manufacturing

SPDES # : 0-110311

PBS # : 7-437999 MOSF # :

Site Status : 2 -Unregulated
Total Tanks : 0
Total Capacity : 0
Date App. Rcvd : 03/15/1999
Amount Paid : 125
Cert. Date : 03/16/1999
Renewal Date : 02/26/1999
Expiration Date : 03/16/2001Site Stat. : 1 -No Errors
Own Stat. : 1 -No Errors
Tank Stat. : 0 -Major ErrorsOwner : WABASH ALUMINUM ALLOYS, L.L.C.
6223 THOMPSON ROAD
EAST SYRACUSE, NY 13057Phone : (315) 463-9500
Owner Type : Corporate/CommercialMail : WABASH ALUMINUM ALLOYS, L.L.C.
6223 THOMPSON ROADPO BOX 639
EAST SYRACUSE, NY 13057
Att : JAMES G. NIGHAN (315) 463-9500

TankNo	TankLoc	Stat	DateIn	Capac (g)	Casno	Chemical Name	TankType	TankIP	TanKEPT	TankSC	PipeLoc	PipeType	PipeIP	PipeEP	PipeSC	Leak	Spill	SubDes	%Haz	TStat
011	1	3	04/81	5,847	7782505	Chlorine	1	0	5	4	1	1	0	5	0	1	4	1	100	REMOVED:06/00



PETROLEUM BULK STORAGE REGISTRATION CERTIFICATE

NYS DEC - REGION 7
615 ERIE BLVD. W.
SYRACUSE, NY 13204
(315) 426-7519

Page 1 of 1

TANK NUMBER	DATE INSTALLED	TANK TYPE	CAPACITY (GALLONS)	DATE LAST TESTED	TESTING DUE DATE	OWNER
004	10/01/1973	Steel/Carbon Steel	15,000	08/01/1989/	/*	WABASH ALUMINUM ALLOYS, L.L.C. P.O. BOX 639 E. SYRACUSE, NY 13057
005	10/01/1973	Steel/Carbon Steel	15,000	08/01/1989/	/*	
010	01/01/1985	Steel/Carbon Steel	275	/ /	/*	
011	07/01/1998	Steel/Carbon Steel	2,000	/ /	/*	
012	07/01/1998	Steel/Carbon Steel	1,000	/ /	/*	
						SITE WABASH ALLOYS 6223 THOMPSON RD. E. SYRACUSE, NY 13057
						OPERATOR (Name and Telephone Number) BURT COLEMAN (765) 513-6529
						EMERGENCY CONTACT (Name and Telephone Number) BURT COLEMAN (315) 677-9732
						<p>As an authorized representative of the above named facility, I affirm under penalty of perjury that the information displayed on this form is correct to the best of my knowledge. Additionally, I recognize that I am responsible for assuring that this facility is in compliance with all sections of 6 NYCRR Parts 612, 613 and 614, and applicable sections of 6 NYCRR Subpart 360-14 (used oil tanks only), not just those cited below:</p> <ul style="list-style-type: none"> The facility must be re-registered if there is a transfer of ownership. The Department must be notified within 30 days prior to adding, replacing, reconditioning, or permanently closing a stationary tank. The facility must be operated in accordance with the code for storing petroleum, 6 NYCRR Part 613. Any new facility or substantially modified facility must comply with 6 NYCRR Part 614. This certificate must be posted on the premises at all times. Posting must be at the tank, at the entrance of the facility, or the main office where the storage tanks are located. Any person with knowledge of a spill, leak or discharge must report the incident to DEC within two hours (1-800-457-7362).
ISSUED BY: Commissioner Erin M. Crotty			MAILING CORRESPONDENCE ROBERT HUBBERT WABASH ALUMINUM ALLOYS, L.L.C. P.O. BOX 639 6223 THOMPSON RD. E. SYRACUSE, NY 13057			
PETROLEUM BULK STORAGE ID NUMBER 7-437999						
DATE ISSUED 03/16/1999		EXPIRATION DATE 03/16/2004				
FEE PAID \$ 250						

FILE COPY

* Aboveground tanks require monthly visual inspections and may need documented internal inspections as described in 6NYCRR Pt. 613.



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF ENVIRONMENTAL REMEDIATION

PETROLEUM BULK STORAGE APPLICATION

Pursuant to the Petroleum Bulk Storage Law,
Article 17, Title 10 of ECL; 6 NYCRR 612-614 and 6 NYCRR, Subpart 360-14
(Continued on the Reverse Side—Please Be Sure to Complete Section B)

Please Type or Print Clearly
and Complete All Items

SECTION A—See Instructions on Cover Sheet



RBS NUMBER <u>1-437999</u> Indicate other existing DEC Numbers, if any, for this facility: CBS Number _____ SPDES Number _____	FACILITY	FACILITY NAME LOCATION (Not P.O. Boxes) LOCATION (Continued) CITY/TOWN/VILLAGE _____ STATE _____ ZIP CODE _____ COUNTY _____ TOWNSHIP OR CITY _____ NAME OF OPERATOR AT FACILITY _____ FACILITY TELEPHONE NUMBER _____ EMERGENCY CONTACT NAME _____ EMERGENCY TELEPHONE NO. _____	TYPE OF PETROLEUM FACILITY: (Check all that apply) A. <input type="checkbox"/> Storage Terminal/Petroleum Distributor B. <input type="checkbox"/> Retail Gasoline Sales C. <input type="checkbox"/> Other Retail Sales D. <input type="checkbox"/> Manufacturing E. <input type="checkbox"/> Utility F. <input type="checkbox"/> Trucking/Transportation G. <input type="checkbox"/> Apartment Building H. <input type="checkbox"/> School I. <input type="checkbox"/> Farm J. <input type="checkbox"/> Private Residence K. <input type="checkbox"/> Airline (Air Taxi) L. <input type="checkbox"/> Other (Specify Below)
TRANSACTION TYPE (Check all that apply) NOTE: Transaction Types 1, 2 and 5 may require a fee. Initial/ 1 <input type="checkbox"/> New Facility Change of 2 <input type="checkbox"/> Ownership Substantial 3 <input type="checkbox"/> Tank Modification Information 4 <input type="checkbox"/> Correction 5 <input type="checkbox"/> Renewal	OWNER	OWNER NAME ADDRESS (Street and/or PO Box) CITY _____ STATE _____ ZIP CODE _____ FEDERAL TAX ID NUMBER _____ OWNER TELEPHONE NUMBER _____ TYPE OF OWNER (Check only one): 1 <input type="checkbox"/> Private Resident 2 <input type="checkbox"/> State Government 3 <input type="checkbox"/> Local Government 4 <input type="checkbox"/> Federal Government 5 <input type="checkbox"/> Corporate/Commercial	I hereby certify under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law. NAME OF OWNER OR AUTHORIZED REPRESENTATIVE _____ AMOUNT ENCLOSED \$ _____ TITLE _____ SIGNATURE _____ DATE <u>4/18/03</u>
Geographical Locator for this Facility: (If known) LATITUDE: _____ DEG MIN SEC LONGITUDE: _____ DEG MIN SEC	CORRESPONDENCE	ATTENTION NAME OF COMPANY _____ ADDRESS _____ ADDRESS _____ CITY/STATE/ZIP CODE _____ TELEPHONE NUMBER _____	OFFICIAL USE ONLY Page _____ of _____ Date Received: _____ Date Processed: <u>6/10/03</u> Amount Received \$ _____ Reviewed By: _____ FOIL200135

PBS NUMBER:

Tank Information for Petroleum Bulk Storage Facility
SECTION B—See Instructions on Cover Sheet

Page ____ of ____

[illegible]

KEY FOR SECTION B ACTION

1. Initial Listing
2. Add Tank
3. Close/Remove Tank
4. Information Correction
5. Recondition/Repair/
Reline Tank

TANK LOCATION

1. Aboveground
2. Aboveground on saddles, legs, stilts, rack, or cradle
3. Aboveground: 10% or more below ground
4. Underground
5. Underground, vaulted, with access

STATUS

1. In-service
2. Temporarily out-of-service
3. Closed—Removed
4. Closed—In Place
5. Tank Converted to Non-Regulated Use

PRODUCT STORED

0. Empty
1. Leaded Gasoline
2. Unleaded Gasoline
3. Nos. 1, 2, or 4 Fuel Oil
4. Nos. 5 or 6 Fuel Oil
5. Kerosene
6. Diesel
- A. Lube Oil
- B. Lube Oil (fuel)
- C. Used Oil
9. Other*

TANK TYPE

1. Steel/Carbon Steel
2. Stainless Steel Alloy
3. Concrete
4. Fiberglass Coated Steel
5. Fiberglass Reinforced Plastic (FRP)
6. Equivalent Technology
9. Other*

PIPING TYPE

0. None
1. Steel/Iron
2. Galvanized Steel
3. Fiberglass (FRP)
4. Copper
9. Other*

* If other, please list on separate sheet including Tank Number

INTERNAL PROTECTION: Tank/Piping

0. None
1. Epoxy Liner
2. Rubber Liner
3. Fiberglass Liner (FRP)
4. Glass Liner
9. Other*

EXTERNAL PROTECTION: Tank/Piping

0. None
1. Painted/Asphalt Coating
2. Sacrificial Anode
3. Impressed Current
4. Fiberglass
5. Jacketed
6. Wrapped (Piping)
9. Other*

PIPING LOCATION

0. None
1. Aboveground
2. Underground
3. Aboveground/
Underground Combination

SECONDARY CONTAINMENT

0. None
1. Vault
2. Double-Walled Tank
3. Excavation Liner
4. Cut-off Walls
5. Impervious Underlayment
6. Earthen Dike
7. Prefabricated Steel Dike
8. Concrete Dike
- A. Synthetic Liner
- B. Natural Liner
9. Other*

LEAK DETECTION

0. None
1. Interstitial Monitoring
2. Vapor Well
3. Groundwater Well
4. In-Tank System
5. Concrete Pad w/channels
6. Double Bottom
9. Other*

SPILL/OVERFILL PREVENTION

0. None
1. Float Vent Valve
2. High Level Alarm
3. Automatic Shut-off
4. Product Level Gauge
5. Catch Basin
6. Vent Whistle
9. Other*

DISPENSER

1. Submersible
2. Suction
3. Gravity



PETROLEUM BULK STORAGE REGISTRATION CERTIFICATE

NYS DEC - REGION 7
615 ERIE BLVD. W.
SYRACUSE, NY 13204
(315) 426-7519

Page 1 of 1

TANK NUMBER	DATE INSTALLED	TANK TYPE	CAPACITY (GALLONS)	DATE LAST TESTED	TESTING DUE DATE	OWNER
011	07/01/1998	Steel/Carbon Steel	2,000	/ /	/ /	WABASH ALUMINUM ALLOYS, L.L.C. P.O. BOX 639 E. SYRACUSE, NY 13057
012	07/01/1998	Steel/Carbon Steel	1,000	/ /	/ /	
						SITE WABASH ALLOYS 6223 THOMPSON RD. E. SYRACUSE, NY 13057
						OPERATOR (Name and Telephone Number) BURT COLEMAN (765) 513-6529
						EMERGENCY CONTACT (Name and Telephone Number) BURT COLEMAN (315) 677-9732
						<p>As an authorized representative of the above named facility, I affirm under penalty of perjury that the information displayed on this form is correct to the best of my knowledge. Additionally, I recognize that I am responsible for assuring that this facility is in compliance with all sections of 6 NYCRR Parts 612, 613 and 614, and applicable sections of 6 NYCRR Subpart 360-14 (used oil tanks only), not just those cited below:</p> <ul style="list-style-type: none"> The facility must be re-registered if there is a transfer of ownership. The Department must be notified within 30 days prior to adding, replacing, reconditioning, or permanently closing a stationary tank. The facility must be operated in accordance with the code for storing petroleum, 6 NYCRR Part 613. Any new facility or substantially modified facility must comply with 6 NYCRR Part 614. This certificate must be posted on the premises at all times. Posting must be at the tank, at the entrance of the facility, or the main office where the storage tanks are located. Any person with knowledge of a spill, leak or discharge must report the incident to DEC within two hours (1-800-457-7362).
<p>* Aboveground tanks require monthly visual inspections and may need documented internal inspections as described in 6NYCRR Pt. 613.</p>						
ISSUED BY: Commissioner Erin M. Crotty			MAILING CORRESPONDENCE ROBERT HUBBERT WABASH ALUMINUM ALLOYS, L.L.C. P.O. BOX 639 6223 THOMPSON RD. E. SYRACUSE, NY 13057			
PETROLEUM BULK STORAGE ID NUMBER 7-437999						
DATE ISSUED 03/16/1999	EXPIRATION DATE 03/16/2004					
FEE PAID \$ 250						
						Signature of Authorized Representative/Owner _____ Date _____
						Name of Authorized Representative/Owner (Please Print) _____
						Title _____

FILE COPY

Petroleum Bulk Storage ApplicationPursuant to the Petroleum Bulk Storage Law,
Article 17, Title 10 of ECL; 6 NYCRR 612-614 and 6 NYCRR, Subpart 360-14**Section A**

(See enclosed instructions and please be sure to complete Sections A & B)

Return Completed Form & Fees To:

Region 7

615 Erie Boulevard West
Syracuse, NY 13204-2400

Expiration Date: 3/16/2004

Please Type or Print Clearly
and Complete All Items

PBS Number 7-437999	F	Facility Name: WABASH ALLOYS	TYPE OF PETROLEUM FACILITY (Check all that apply)	
DEC CBS Number: (If applicable) 7-000057	A	Location (Not P.O. Boxes) 6223 THOMPSON RD.	<input type="checkbox"/> A=Storage Terminal/Petroleum Distributor	
DEC SPDES Number: (If applicable) 0-110311	C	Location (cont.):	<input type="checkbox"/> B=Retail Gasoline Sales <input type="checkbox"/> C=Other Retail Sales	
Transaction Type (Check all that apply) NOTE: Transaction Types 1, 2 and 5 may require a fee	I	City: E. SYRACUSE	State: NY	Zip Code: 13057
	L	County: ONONDAGA		Township or City: DEWITT
	T	Name of Operator at Facility: BURT COLEMAN Michael Kellogg		Facility Telephone Number: (765) 513-6529 919 303 1914
	Y	Emergency Contact Name: BURT COLEMAN		Emergency Telephone Number: (315) 677-9732
<input type="checkbox"/> 1)Initial/ New Facility <input type="checkbox"/> 2)Change of Ownership <input type="checkbox"/> 3)Substantial Tank Modification <input type="checkbox"/> 4) Information Correction <input checked="" type="checkbox"/> 5) Renewal	O	Owner Name: WABASH ALUMINUM ALLOYS, L.L.C.		
	W	Address (Street and/or P.O.): P.O. BOX 639		
	N	City: E. SYRACUSE	State: NY	Zip Code: 13057
	E	Federal Tax ID Number: 04-3444158		Owner Telephone Number: (919) 303-1914
	R	Type of Owner: 2 <input type="checkbox"/> State Government 4 <input type="checkbox"/> Federal Government (check only one) 1 <input type="checkbox"/> Private Residence 3 <input type="checkbox"/> Local Government 5 <input checked="" type="checkbox"/> Corporate/Commercial		
Geographical Locator for this Facility: (If known) Latitude: <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> (Degrees/Minutes/Seconds) Longitude: <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> (Degrees/Minutes/Seconds)	C	(Please keep up to date - this information is used for mailing and contact purposes)		
	O	Attention: ROBERT HUBBERT		
	R	Name of Company: WABASH ALUMINUM ALLOYS, L.L.C.		
	E	Address: P.O. BOX 639 900 Haddon Hall Drive		
	S	Address: 6223 THOMPSON RD.		
P	City/State/Zip Code: E. SYRACUSE Apex, NC NY 13057 27502			
O	Telephone Number: (315) 463-9500 919 303 1914			
N				
C				
E				
OFFICIAL USE ONLY Page ____ of ____ Date Received 2/13/04 Date Processed 2/25/04 Amount Received \$ 300 Reviewed by [Signature] FOIL 200438				

I hereby certify under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Name of Owner or Authorized Representative:

Michael E Kellogg

Amount Enclosed:

\$300.00

Title: Director, Environmental and Safety

Signature:

Date:

2/9/04

PBS Number:

7-437999

Section B - Tank Information

(See enclosed instructions and use the key located on the bottom of this sheet to complete each)

Page 1 of 1

Registration Expiration Date:

3/16/2004

(1) Action	(2) Tank Number	(3) Tank Location	(4) Status	(5) Installation or Permanent Closure Date (Month/Day/Year)	(6) Capacity (Gallons)	(7) Product Stored	(8) Tank Type	(9) Tank Internal Protection	(10) Tank External Protection	(11) Piping Location	(12) Piping Type	(13) Piping Internal Protection	(14) Piping External Protection	(15) Secondary Containment	(16) Leak Detection	(17) Spill/Overfill Prevention	(18) Dispenser	(19) Last Test Date (Underground Tanks) (Month/Day/Year)
4	011	1	4	7/3/2002 7/1/1998	2,000	0	1	0	0 1	1	1	0	0 1	0 2	0 0	0 4	2	
4	012	1	4	7/3/2002 7/1/1998	1,000	0	1	0	0 1	1	1	0	0 1	0 2	0 0	0 4	2	

Action (1)

1. Initial Listing
2. Add Tank
3. Close/Remove Tank
4. Information Correction
5. Recondition/Repair/Reline Tank

Tank Location (3)

1. Aboveground
2. Aboveground on saddles, legs, stilts, rack, or cradle
3. Aboveground with 10% or more below ground
4. Underground
5. Underground, vaulted, with access

Status (4)

1. In-service
2. Temporarily out-of-service
3. Closed-Removed
4. Closed- In Place
5. Tank converted to Non-Regulated use

Product Stored (7)

0. Empty
1. Leaded Gasoline
2. Unleaded Gasoline
3. Nos. 1,2, or 4 Fuel Oil
4. Nos. 5 or 6 Fuel Oil
5. Kerosene
6. Diesel
- A. Lube Oil
- B. Used Oil (fuel)
- C. Used Oil
9. Other -please list :*

Tank Type (8)

1. Steel/Carbon Steel
2. Stainless Steel (Alloy)
3. Concrete
4. Fiberglass Coated Steel
5. Fiberglass Reinforced Plastic (FRP)
6. Equivalent Technology
9. Other-please list:*

Key for Section B

Internal Protection (9/13)

0. None
1. Epoxy Liner
2. Rubber Liner
3. Fiberglass Liner (FRP)
4. Glass Liner
9. Other-please list:*

Piping Location (11)

0. None
1. Aboveground
2. Underground
3. Aboveground/Underground Combination

External Protection (10/14)

0. None
1. Painted/Asphalt Coating
2. Sacrificial Anode
3. Impressed Current
4. Fiberglass
5. Jacketed
6. Wrapped (Piping)
9. Other-please list:*

Piping Type (12)

0. None
1. Steel/Iron
2. Galvanized Steel
3. Fiberglass (FRP)
4. Copper
5. Other-please list:*

Secondary Containment (15)

0. None
1. Vault
2. Double-Walled Tank
3. Excavation Liner
4. Cut-off Walls
5. Impervious Underlayment
6. Earthen Dike
7. Prefabricated Steel Dike
8. Concrete Dike
- A. Synthetic Liner
- B. Natural Liner
9. Other-please list:*

Dispenser (18)

1. Submersible
2. Suction
3. Gravity

Leak Detection (16)

0. None
1. Interstitial Monitoring
2. Vapor Well
3. Groundwater Well
4. In-Tank System
5. Concrete Pad w/channels
6. Double Bottom
9. Other-please list:*

Spill/Overfill Protection(17)

0. None
1. Float Vent Valve
2. High Level Alarm
3. Automatic Shut-off
4. Product Level Gauge
5. Catch Basin
6. Vent Whistle
9. Other-please list:*

* If other, please list on a separate sheet including Tank Number

FOIL200139

Wabash Aluminum Alloys, L.L.C.

DETACH AND RETAIN THIS STATEMENT

Check Number 00113200

INVOICE #	DATE	PO#	REMARKS	GROSS AMT	DISCOUNT	NET AMT
020204	02/02/04			300.00		300.00

TOTALS

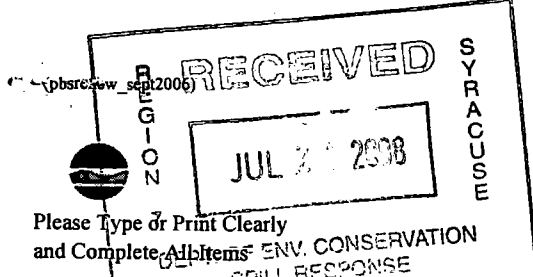
300.00

FOIL200140

300.00

Stub 1 of 1

Check Date - 02/05/04



New York State Department of Environmental Conservation
Division of Environmental Remediation
Petroleum Bulk Storage Application
Pursuant to the Petroleum Bulk Storage Law,
Article 17, Title 10 of ECL; 6 NYCRR 612-614 and 6 NYCRR, Subpart 360-14
Section A
(Please be sure to complete Sections A & B)

Return Completed Form & Fees To:
Region 7
615 Erie Boulevard West
Syracuse, NY 13204-2400
(315) 426-7519



Expiration Date: 07/05/2011

PBS Number 7-437999	F A C I L I T Y	Facility Name: METALICO ALUMINUM RECOVERY INC.		TYPE OF PETROLEUM FACILITY (Check only one)			
DEC CBS Number: (If applicable)		Location (Not P.O. Boxes) 6223 THOMPSON ROAD		<input type="checkbox"/> 01=Storage Terminal/Petroleum Distributor	<input type="checkbox"/> 03=Other Retail Sales		
DEC SPDES Number: (If applicable)		Location (cont.):		<input type="checkbox"/> 02=Retail Gasoline Sales	<input type="checkbox"/> 05=Utility		
Transaction Type (Check all that apply) NOTE: Transaction Types 1, 2 and 5 may require a fee		City: EAST SYRACUSE State: NY Zip Code: 13057		<input checked="" type="checkbox"/> 04=Manufacturing	<input type="checkbox"/> 07=Apartment/Office Building		
<input type="checkbox"/> 1)Initial/ New Facility <input type="checkbox"/> 2)Change of Ownership <input type="checkbox"/> 3)Tank Installation, Closing, Repair or Reconditioning <input checked="" type="checkbox"/> 4)Information Correction <input type="checkbox"/> 5) Renewal	L I T Y	County: Onondaga Township or City: Dewitt		<input type="checkbox"/> 06=Trucking/Transportation	<input type="checkbox"/> 09=Farm		
		Name of Operator at Facility: JON MARANTZ		Facility Telephone Number: (315) 463-9500			
		Emergency Contact Name: JON MARANTZ		Emergency Telephone Number: (315) 677-9732			
		Owner Name: CARLOS AQUERO Metalico Syracuse Realty, Inc.					
O W N E R	O W N E R	Address (Street and/or P.O.): 106 NORTH AVE. E.		I hereby certify under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.			
		City: CRANSFORD State: NJ Zip Code: 07016					
		Federal Tax ID Number: 42-1575461		Owner Telephone Number: ***		Name of Owner or Authorized Representative: JON MARANTZ Amount Enclosed: \$	
		Type of Owner: 2 <input type="checkbox"/> State Government <input type="checkbox"/> Federal Government 1 <input type="checkbox"/> Private Resident 3 <input type="checkbox"/> Local Government 5 <input checked="" type="checkbox"/> Corporate/Commercial		Title: GENERAL MANAGER		Signature: *** Date:	
*** Application will be returned if these items are blank	C O R R E S P O N D E N C E	(Please keep up to date - this information is used for mailing and contact purposes)				OFFICIAL USE ONLY Page <u>1</u> of <u>2</u> Date Received <u>7/22/08</u> Date Processed <u>7/22/08</u> Amount Received \$ <u>0</u> Reviewed by <u>RL</u>	
		Attention: JON MARANTZ					
		Name of Company: METALICO ALUMINUM RECOVERY INC.					
		Address: 6223 THOMPSON RD.					
		Address: P.O. BOX 88					
		City/State/Zip Code: E. SYRACUSE NY 13057					
Telephone Number: (315) 463-9500		E-Mail Address:					

PBS Number:

7-437999

Section B - Tank Information

Page 1 of 1

(Please use the key located on the bottom of this sheet to complete each item/column)

Registration Expiration Date:

7/5/2011

(1)	(2a) -Optional If tank and piping models are entered then the shaded columns DO NOT have to be supplied. Tank and piping model codes are enclosed.	(2b) -Required	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
Action	Tank Model Piping Model	Tank Number	Tank Location	Status	Installation or Permanent Closure Date (Month/Day/Year)	Capacity (Gallons)	Product Stored (If Gas w/ethanol or Biodiesel list % additive)	Tank Type	Tank Internal Protection	Tank External Protection	Tank Secondary Containment	Tank Leak Detection	Tank Overfill Prevention	Tank Spill Prevention	Tank Dispenser	Piping Location	Piping Type	Piping External Protection	Piping Sec. Containment	Piping Leak Detection
	201	101	3	1	7/5/2006	1,000	0008	01	00	01	01 02	02	04	01	02	01	02	00	00	09
	201	102	3	1	7/5/2006	2,000	0008	01	00	01	01 02	02	04	01	02	01	02	00	00	09

Action (1)

- Initial Listing
- Add Tank
- Close/Remove Tank
- Information Correction
- Recondition/Repair/Reline Tank

Tank Location (3)

- Aboveground-contact w/soil
- Aboveground-contact w/ impervious barrier
- Aboveground on saddles, legs, stilts, rack, or cradle
- Aboveground with 10% or more below ground
- Underground
- Underground in subterranean vault with access for inspections

Status (4)

- In-service
- Temporarily out-of-service
- Closed-Removed
- Closed- In Place
- Tank converted to Non-Regulated use

Product Stored (7)

- 0001. #2 Fuel Oil
- 0002. #4 Fuel Oil
- 0003. #6 Fuel Oil
- 0011. Jet Fuel
- 0008. Diesel
- 0009. Gasoline
- 2712. Gasoline/Ethanol
- 2710. Biodiesel
- 2711. Biodiesel (Heating)
- 0012. Kerosene
- 0013. Lube Oil
- 0022. Waste/Used Oil
- 0259. #5 Fuel Oil
- 2642. Used Oil (Heating)
- 9999. Other

-please list: *

Tank Type (8)

- Steel/Carbon Steel/Iron
- Galvanized Steel Alloy
- Stainless Steel Alloy
- Fiberglass Coated Steel
- Steel Tank in Concrete
- Fiberglass Reinforced Plastic (FRP)
- Plastic
- Equivalent Technology
- Concrete
- Urethane Clad Steel
- Other-please list: *

Internal Protection (9)

- None
- Epoxy Liner
- Rubber Liner
- Fiberglass Liner (FRP)
- Glass Liner
- Other-please list: *

External Protection (10/18)

- None
- Painted/Asphalt Coating
- Original Sacrificial Anode
- Original Impressed Current
- Fiberglass
- Jacketed
- Wrapped (Piping)
- Retrofitted Sacrificial Anode
- Retrofitted Impressed Current
- Urethane
- Other-please list: *

Tank Leak Detection (12)

- None
- Interstitial Electronic Monitoring
- Interstitial Manual Monitoring
- Vapor Well
- Groundwater Well
- In-Tank System (AutoTankGauge)
- Impervious Barrier/Concrete Pad (Aboveground Only)
- Other-please list: *

Piping Type (17)

- None
- Steel/Carbon Steel/Iron
- Galvanized Steel
- Stainless Steel Alloy
- Fiberglass Coated Steel
- Steel Encased in Concrete
- Fiberglass Reinforced Plastic (FRP)
- Plastic
- Equivalent Technology
- Concrete
- Copper
- Flexible Piping
- Other-please list: *

Overfill Prevention (13)

- None
- Float Vent Valve
- High Level Alarm
- Automatic Shut-off
- Product Level Gauge (Aboveground Only)
- Vent Whistle
- Other-please list: *

Secondary Containment (11/19)

- None
- Diking (Aboveground Only)
- Vault (w/access)
- Vault (w/o access)
- Double-Walled (Underground Only)
- Synthetic Liner
- Remote Impounding Area
- Excavation/Trench Liner System
- Flexible Internal Liner (Bladder)
- Modified Double-Walled (Aboveground Only)
- Impervious Underlayment
- Double Bottom (Aboveground Only)

Spill Prevention (14)

- None
- Catch Basin
- Transfer Station
- Containment
- Other - Please list*

Piping Location (16)

- No Piping
- Aboveground
- Underground/On-ground
- Aboveground/Underground Combination

Pipe Leak Detection (20)

- None
- Interstitial Electronic Monitoring
- Interstitial Manual Monitoring
- Vapor Well
- Groundwater Well
- Pressurized Piping Leak Detector
- Tank Top Sump (Piping)
- Exempt Suction Piping
- Other-please list: *

Dispenser (15)

- None
- Submersible
- Suction
- Gravity

*** If other, please list on a separate sheet including Tank Number**

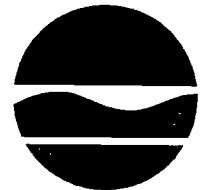
New York State Department of Environmental Conservation

Spill Prevention and Response, Region 7

615 Erie Boulevard West, Syracuse, New York 13204-2400

Phone: (315) 426-7519 • FAX: (315) 426-2653

Website: www.dec.ny.gov



Alexander B. Grannis
Commissioner

Date 2/3/2009

PBS Number(s) 7-437999

Dear Petroleum Bulk Storage Tank Owner:

Your Petroleum Bulk Storage Registration Application and/or fee are being returned to you. Your application has been determined to be incomplete and cannot be processed for the following reason(s):

- ☐ The fee of \$_____ was not enclosed.
- ☐ The fee of \$_____ you sent is incorrect, the correct fee is \$_____.
- ☐ Application was not enclosed.
- ☐ Application was outdated and unacceptable. Please use enclosed application.
- ☐ Application does not have the required signature of the authorized representative.
- ☐ Federal Tax ID Number was not submitted or is incorrect.
- ☐ Federal Tax ID Number has changed and application must be submitted as a Change of Ownership with applicable fee.
- ☐ The application submitted as an initial or renewal but has been determined to be a Change of Ownership. Please resubmit the application as a change of ownership. A copy of the deed page showing the date of ownership transfer is needed. The date of the registration certificate will be five years from the date of ownership transfer as determined by the deed. Please note that if the change of ownership occurred more than five years ago additional fees will be required.
- ☒ Section A and/or B has blanks or the information is incomplete or inaccurate. Verify, correct, and complete the highlighted items.
- ☐ The Facility does not have one or more stationary tanks (both underground and aboveground) which has a combined storage capacity of over 1,100 gallons of petroleum at the same site. Therefore, the site does not have to be registered.
- ☐ Tanks storing used oil not used as fuel do not count towards the facility capacity for fees determination but must be registered regardless of facility capacity.

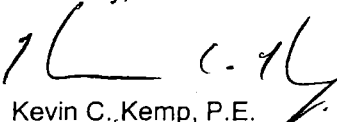
☒ Information is incorrect and/or missing as follows:

TANK INSTALLATION DATES

This determination is based on the information you supplied on your application. It is your responsibility to insure that this information is correct. If applicable, please make changes and return your correctly completed application and fee within 10 days to: NYSDEC, 615 Erie Boulevard West, Syracuse, NY 13204-2400.

Thank you for your cooperation. If you have any questions, please call me at (315) 426-7464.

Sincerely,



Kevin C. Kemp, P.E.
Petroleum and Chemical / Hazardous Bulk Storage Coordinator



New York State Department of Environmental Conservation
Division of Environmental Remediation
Petroleum Bulk Storage Application

Pursuant to the Petroleum Bulk Storage Law,
Article 17, Title 10 of ECL; 6 NYCRR 612-614 and 6 NYCRR, Subpart 360-14

Section A

(Please be sure to complete Sections A & B)

Return Completed Form & Fees To:**Expiration Date:**Please Type or Print Clearly
and Complete All Items

PBS Number 7-437999	F	Facility Name: Location (Not P.O. Boxes)	TYPE OF PETROLEUM FACILITY (Check only one) <input type="checkbox"/> 01=Storage Terminal/Petroleum Distributor <input type="checkbox"/> 02=Retail Gasoline Sales <input type="checkbox"/> 03=Other Retail Sales <input type="checkbox"/> 04=Manufacturing <input type="checkbox"/> 05=Utility <input type="checkbox"/> 06=Trucking/Transportation <input type="checkbox"/> 07=Apartment/Office Building <input type="checkbox"/> 08=School <input type="checkbox"/> 09=Farm <input type="checkbox"/> 10=Private Residence <input type="checkbox"/> 11=Airline/Air Taxi <input type="checkbox"/> 12=Chemical Distributor <input type="checkbox"/> 13=Municipality <input type="checkbox"/> 14=Refinery <input type="checkbox"/> 15=Railroad <input type="checkbox"/> 99=Other (Specify): _____
DEC CBS Number: (If applicable) DEC SPDES Number: (If applicable) NY026-1947	A C I L I T Y	Location (cont.): City: _____ State: NY Zip Code: _____ County: _____ Township or City: _____	
Transaction Type (Check all that apply) NOTE: Transaction Types 1, 2 and 5 may require a fee <input type="checkbox"/> 1)Initial/ New Facility <input type="checkbox"/> 2)Change of Ownership <input type="checkbox"/> 3)Tank Installation, Closing, Repair or Reconditioning <input checked="" type="checkbox"/> 4)Information Correction <input type="checkbox"/> 5) Renewal	O W N E R	Name of Operator at Facility: Dennis Flanagan Facility Telephone Number: 315.463.9500 Emergency Contact Name: Dennis Flanagan Emergency Telephone Number: 315.372.1087 Owner Name: Address (Street and/or P.O.): City: _____ State: _____ Zip Code: _____ Federal Tax ID Number: _____ Owner Telephone Number: _____ Type of Owner: 2 <input type="checkbox"/> State Government <input type="checkbox"/> Federal Government 1 <input type="checkbox"/> Private Resident 3 <input type="checkbox"/> Local Government 5 <input type="checkbox"/> Corporate/Commercial	
	I hereby certify under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law. Name of Owner or Authorized Representative: Dennis Flanagan Amount Enclosed: \$ -0- Title: General Manager Signature: <i>Dennis Flanagan</i> Date: 1-21-09		
Application will be returned if any of these items are blank (except CBS & SPDES numbers) -or- if submitted without original signature and date	C O R R E S P O N D E N C E	(Please keep up to date - this information is used for mailing and contact purposes) Attention: Dennis Flanagan Name of Company: Address: Address: City/State/Zip Code: Telephone Number: E-Mail Address: dflanagan@metalicosyracuse.com	OFFICIAL USE ONLY Page 1 of + Date Received 2/13/9 Date Processed 2/13/9 Amount Received \$ 11 Reviewed by 16 FOIL 200744

PBS Number:

7-437999

Section B - Tank Information

Page 1 of 1

(Please use the key located on the bottom of this sheet to complete each item/column)

Registration Expiration Date:

(1)	(2a) -Optional If tank and piping models are entered then the shaded columns <u>DO NOT</u> have to be supplied. Tank and piping model codes are enclosed		(2b)-Required		(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
Action	Tank Model	Piping Model	Tank Number	Tank Location	Status	Installation or Permanent Closure Date (Month/Day/Year)	Capacity (Gallons)	Product Stored (If Gas w/ethanol or Biodiesel list % additive)	Tank Type	Tank Internal Protection	Tank External Protection	Tank Secondary Containment	Tank Leak Detection	Tank Overfill Prevention	Tank Spill Prevention	Tank Dispenser	Piping Location	Piping Type	Piping External Protection	Piping Sec Containment	Piping Leak Detection	
2			104	3	1	9/2006	300	0022	01	00	01	06	06	04	01	00	00	00	00	00	00	
2			AD-1	3	1	9/2006	180	0022	01	00	01	01	06	04	01	00	01	11	00	01	00	
2			AD-2	3	1	9/2006	180	0022	01	00	01	01	06	04	01	00	01	11	00	01	00	
2			AD-3	3	1	9/2006	180	0022	01	00	01	01	06	04	01	00	01	11	00	01	00	

Action (1)

- Initial Listing
- Add Tank
- Close/Remove Tank
- Information Correction
- Recondition/Repair/ Reline Tank

Status (4)

- In-service
- Temporarily out-of-service
- Closed-Removed
- Closed- In Place
- Tank converted to Non-Regulated use

Product Stored (7)

0001. #2 Fuel Oil
0002. #4 Fuel Oil
0003. #6 Fuel Oil
0011. Jet Fuel
0008. Diesel
0009. Gasoline
2712. Gasoline/Ethanol
2710. Biodiesel
2711. Biodiesel (Heating)
0012. Kerosene
0013. Lube Oil
0022. Waste/Used Oil
0259. #5 Fuel Oil
2642. Used Oil (Heating)
9999. Other
-please list : *

Tank Type (8)

- Steel/Carbon Steel/Iron
- Galvanized Steel Alloy
- Stainless Steel Alloy
- Fiberglass Coated Steel
- Steel Tank in Concrete
- Fiberglass Reinforced Plastic (FRP)
- Plastic
- Equivalent Technology
- Concrete
- Urethane Clad Steel
- Other-please list:*

Internal Protection (9)

- None
- Epoxy Liner
- Rubber Liner
- Fiberglass Liner (FRP)
- Glass Liner
- Other-please list:*

External Protection (10/18)

- None
- Painted/Asphalt Coating
- Original Sacrificial Anode
- Original Impressed Current
- Fiberglass
- Jacketed
- Wrapped (Piping)
- Retrofitted Sacrificial Anode
- Retrofitted Impressed Current
- Urethane
- Other-please list:*

Tank Leak Detection (12)

- None
- Interstitial Electronic Monitoring
- Interstitial Manual Monitoring
- Vapor Well
- Groundwater Well
- In-Tank System (AutoTankGauge)
- Impervious Barrier/Concrete Pad (Aboveground Only)
- Other-please list:*

Piping Type (17)

- None
- Steel/Carbon Steel/Iron
- Galvanized Steel
- Stainless Steel Alloy
- Fiberglass Coated Steel
- Steel Encased in Concrete
- Fiberglass Reinforced Plastic (FRP)
- Plastic
- Equivalent Technology
- Concrete
- Copper
- Flexible Piping
- Other-please list:*

Overfill Prevention(13)

- None
- Float Vent Valve
- High Level Alarm
- Automatic Shut-off
- Product Level Gauge (Aboveground Only)
- Vent Whistle
- Other-please list:*

Secondary Containment (11/19)

- None
- Diking (Aboveground Only)
- Vault (w/access)
- Vault (w/o access)
- Double-Walled (Underground Only)
- Synthetic Liner
- Remote Impounding Area
- Excavation/Trench Liner System
- Flexible Internal Liner (Bladder)
- Modified Double-Walled (Aboveground Only)
- Impervious Underlayment
- Double Bottom (Aboveground Only)

Spill Prevention (14)

- None
- Catch Basin
- Transfer Station
- Containment
- Other - Please list*

Piping Location (16)

- No Piping
- Aboveground
- Underground/On-ground
- Aboveground/Underground Combination

Pipe Leak Detection (20)

- None
- Interstitial Electronic Monitoring
- Interstitial Manual Monitoring
- Vapor Well
- Groundwater Well
- Pressurized Piping Leak Detector
- Tank Top Sump (Piping)
- Exempt Suction Piping
- Other-please list:*

Dispenser (15)

- None
- Submersible
- Suction
- Gravity

If other, please list on a separate sheet including Tank Number

FOI 200445



Engineers • Environmental Scientists • Planners • Landscape Architects

290 ELWOOD DAVIS RD. • BOX 3107 • SYRACUSE, NY 13220

PHONE 315-457-5200 • FAX 315-451-0052

TO: Kevin Kemp

NYSDEC - Region 7

615 Erie Boulevard West

Syracuse, New York 13204-2400

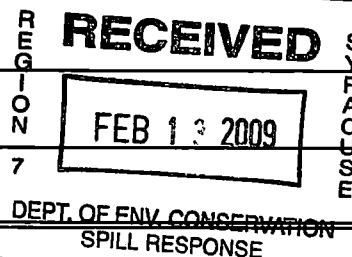
LETTER OF TRANSMITTAL

DATE: 2/12/2009

JOB NO.: 1206.001-S

ATTENTION: Kevin Kemp

RE: PBS Registration Update



WE ARE SENDING YOU

☒ Attached

☐ Under separate cover via _____ the following items:

☐ Shop Drawings

☐ Prints

☐ Plans

☐ Samples

☐ Specifications

☐ Copy of Letter

☐ Change order

☒ _____
PBS Form

COPIES	DATE	NO.	DESCRIPTION
1	January 2009		Completed PBS Registration Update

THESE ARE TRANSMITTED as checked below:

☒ For approval

☐ Approved as submitted

☐ Resubmit _____ copies for approval

☐ For your use

☐ Approved as noted

☐ Submit _____ copies for distribution

☐ As requested

☐ Returned for corrections

☐ Return _____ corrected prints

☐ For review and comment

☐ _____

☐ FOR BIDS DUE _____ 20____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS

Kevin, enclosed is the completed PBS registration update form. Sorry for leaving the dates off the first time around. Please let me know if you need anything else. Thanks.

cc: File

SIGNED: _____

Ian C. Toevs, I.E.

Engineer III

If enclosures are not as noted, kindly notify us at once.

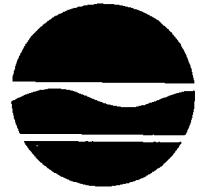
New York State Department of Environmental Conservation

Spill Prevention and Response, Region 7

615 Erie Boulevard West, Syracuse, New York 13204-2400

Phone: (315) 426-7519 • FAX: (315) 426-2653

Website: www.dec.ny.gov



Alexander B. Grannis
Commissioner

Date 2/3/2009

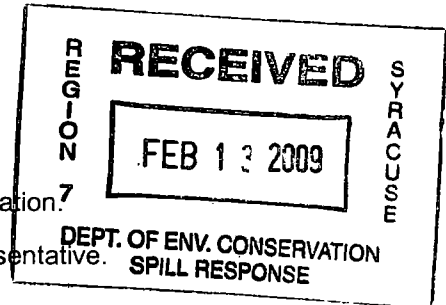
PBS Number(s) 7-437999

INITIALS
FILE #
RECEIVED
FEB 5 - 2009
Barton & Loguidice, F.C.

Dear Petroleum Bulk Storage Tank Owner:

Your Petroleum Bulk Storage Registration Application and/or fee are being returned to you. Your application has been determined to be incomplete and cannot be processed for the following reason(s):

- ☐ The fee of \$_____ was not enclosed.
- ☐ The fee of \$_____ you sent is incorrect, the correct fee is \$_____.
- ☐ Application was not enclosed.
- ☐ Application was outdated and unacceptable. Please use enclosed application.
- ☐ Application does not have the required signature of the authorized representative.
- ☐ Federal Tax ID Number was not submitted or is incorrect.
- ☐ Federal Tax ID Number has changed and application must be submitted as a Change of Ownership with applicable fee.
- ☐ The application submitted as an initial or renewal but has been determined to be a Change of Ownership. Please resubmit the application as a change of ownership. A copy of the deed page showing the date of ownership transfer is needed. The date of the registration certificate will be five years from the date of ownership transfer as determined by the deed. Please note that if the change of ownership occurred more than five years ago additional fees will be required.
- ☒ Section A and/or B has blanks or the information is incomplete or inaccurate. Verify, correct, and complete the highlighted items.
- ☐ The Facility does not have one or more stationary tanks (both underground and aboveground) which has a combined storage capacity of over 1,100 gallons of petroleum at the same site. Therefore, the site does not have to be registered.
- ☐ Tanks storing used oil not used as fuel do not count towards the facility capacity for fees determination but must be registered regardless of facility capacity.



☒ Information is incorrect and/or missing as follows:

TANK INSTALLATION DATES

This determination is based on the information you supplied on your application. It is your responsibility to insure that this information is correct. If applicable, please make changes and return your correctly completed application and fee within 10 days to: NYSDEC, 615 Erie Boulevard West, Syracuse, NY 13204-2400.

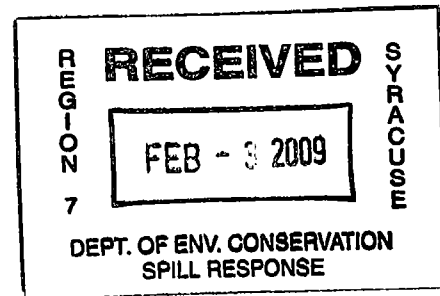
Thank you for your cooperation. If you have any questions, please call me at (315) 426-7464.

Sincerely,

Kevin C. Kemp, P.E.
Petroleum and Chemical / Hazardous Bulk Storage Coordinator

January 30, 2009

Mr. Kevin Kemp
NYSDEC Region 7
Division of Environmental Remediation
615 Erie Boulevard West
Syracuse, New York 13204



Re: NYSDEC Petroleum Bulk Storage Application
Metalico Aluminum Recovery, Inc.
6223 Thompson Road, East Syracuse, NY
PBS No. 7-437999

File: 1206.001-S

Dear Mr. Kemp:

On behalf of Metalico Aluminum Recovery, Inc. (MARI), Barton & Loguidice, P.C. (B&L) is submitting the attached New York State Department of Environmental Conservation Petroleum Bulk Storage (PBS) Application. The facility is located at 6223 Thompson Road in East Syracuse, New York. The transaction type for this submittal is "Information Correction."

On Section A of the PBS Application, the operator at the facility and the emergency contact, as well as the telephone number for each, has been updated. Dennis Flanagan, the General Manager of the East Syracuse facility, is the point of contact for each of these roles and has been added as the correspondent for all PBS information.

In addition to these changes, four (4) tanks are being added to Section B of the application. Three of the tanks (Tank Nos. AD-1, -2, and -3) are part of an auto-dismantler and are by design "portable." As a result, the tanks are not currently required to be registered; however, the facility has chosen to register these tanks since the dismantler unit is primarily stationary. It should be noted that the facility does not currently conduct any auto dismantling operations; therefore, the auto-dismantler tanks are not currently in-use. The fourth tank (Tank No. 104) is not and has not been in-use at the facility for quite some time, although it has not been permanently closed. Consequently, this tank is also being added to the registration in order to be fully compliant.





Mr. Kevin Kemp
NYSDEC Region 7
January 30, 2009
Page 2

Although these four tanks are not currently in-use, the facility is conducting monthly inspections of the tanks in accordance with NYSDEC regulations and their Spill Prevention Control and Countermeasure Plan as required under the Federal Oil Pollution Prevention Regulations.

If you have any questions, please call me at (315) 457-5200.

Very truly yours,

BARTON & LOGUIDICE, P.C.

A handwritten signature in black ink, appearing to read 'Ian C. Toevs', is written over the printed name.

Ian C. Toevs, I.E.
Engineer III

ICT/akg
Enclosure

cc. Joyce Morales, MARI
Dennis Flanagan, MARI